

FORM
5A
Rev
09/20

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:
402817861

Date Received:
11/09/2021

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 10071
2. Name of Operator: HIGHPOINT OPERATING CORPORATION
3. Address: 555 17TH ST STE 3700
City: DENVER State: CO Zip: 80202
4. Contact Name: Kate Miller
Phone: (720) 440-6116
Fax: _____
Email: regulatory@civiresources.com

5. API Number 05-123-46728-01
6. County: WELD
7. Well Name: RSU Anschutz Fed
Well Number: 4-61-04-0808C
8. Location: QtrQtr: Lot 4 Section: 4 Township: 4N Range: 61W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 08/05/2021 End Date: 08/20/2021 Date this Formation was Completed: 10/18/2021

Perforations Top: 6730 Bottom: 16819 No. Holes: 1260 Hole size: 0.25 Open Hole:

Describe the Formation Treatment, including the following: type of fluid used (gel, slickwater, etc.), type and concentration of acid used (HCl, HF, etc.), types and amounts of proppant(s) used, depth details of multiple zones, and method used to determine flowback volume.

42 stage wet shoe plug and perf: 476 bbls 15% HCl, 441,129 bbls slickwater, 4,877,565 lbs 100 Mesh Natural White, 2,928,761 lbs 100 Mesh Premium White, 5,191,037 lbs 40/70 Premium White.
Original completion interval: 14299'-16819'; Recompletion interval: 6730'-14272'.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 441605 Max pressure during treatment (psi): 7449

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.91

Total acid used in treatment (bbl): 476 Number of staged intervals: 42

Recycled or Reused Fluids used in treatment (bbl): 0 Flowback volume recovered (bbl): 15816

Fresh water used in treatment (bbl): 441129 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 12997363

Fracture stimulations must be reported on FracFocus.org

Test Information:

10/29/2021 Hours: 24 Bbl oil: 75 Mcf Gas: 49 Bbl H2O: 448

Calculated 24 hour rate: Bbl oil: 75 Mcf Gas: 49 Bbl H2O: 448 GOR: 653

Test Method: Flowing Casing PSI: 479 Tubing PSI: 393 Choke Size: 13/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1346 API Gravity Oil: 38

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6290 Tbg setting date: 09/21/2021 Packer Depth: 6287

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: _____ ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

Comment:

1. This was a recompletion.
2. The wellbore beyond the unit boundary setback is physically isolated by: wet shoe sub and float collar
3. HighPoint Operating Corporation certifies that none of the wellbore beyond the unit boundary setback was completed.
4. Completed drill out operations on 9/13/2021. Operation to attempt to fish the gun string left down hole was unsuccessful. Decision was made to produce the completed lateral above the fish and return to re-attempt to fish the gun string in the future once flowing pressures decrease. Operator will evaluate for fishing in 6 months. The bottom of the fish is at 10,341'.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Jenna Behm

Title: Regulatory Analyst Date: 11/9/2021 Email: regulatory@civiresources.com

Attachment List

Att Doc Num	Name
402817861	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	• Perf/Prod Interval Bottom corrected from 14272' to 16819' to reflect entire completed interval; recompletion interval added to summary of formation treatment.	11/18/2021

Total: 1 comment(s)