

**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



DE	ET	OE	ES
----	----	----	----

Document Number:  
402364191  
  
Date Received:  
10/29/2021

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

5. API Number <u>05-123-50080-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>RSU Anschutz Fed</u>	Well Number: <u>4-61-5-2528C</u>
8. Location: QtrQtr: <u>NWNW</u> Section: <u>4</u> Township: <u>4N</u> Range: <u>61W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

## Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 12/06/2019 End Date: 01/19/2020 Date this Formation was Completed: 03/11/2020

Perforations Top: 6516 Bottom: 19447 No. Holes: 3456 Hole size: 42/100 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.

144 stage wet shoe and plug and perf : 502,849 bbl slickwater, 1,316 15% HCl Acid, 10,977,730 lbs 30/50 white sand, 12,950 lbs 100 mesh.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 504165 Max pressure during treatment (psi): 9296

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): 0.77

Total acid used in treatment (bbl): 1316 Number of staged intervals: 144

Recycled or Reused Fluids used in treatment (bbl): 0 Flowback volume recovered (bbl): 7425

Fresh water used in treatment (bbl): 502849 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 10990680

**Fracture stimulations must be reported on FracFocus.org**

### Test Information:

03/24/2020 Hours: 24 Bbl oil: 357 Mcf Gas: 200 Bbl H2O: 804

Calculated 24 hour rate: Bbl oil: 357 Mcf Gas: 200 Bbl H2O: 804 GOR: 560

Test Method: Flowing Casing PSI: 0 Tubing PSI: 0 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1544 API Gravity Oil: 36

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6160 Tbg setting date: 02/19/2020 Packer Depth: \_\_\_\_\_

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:

The bottom of the completed interval is at 2434' FNL and 2522' FEL of Section 1.

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

Signed: \_\_\_\_\_ Print Name: Ashley Noonan

Title: Sr. Regulatory Analyst Date: 10/29/2021 Email: regulatory@bonanzacrk.com

## Attachment List

Att Doc Num	Name
402364191	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
		Stamp Upon Approval

Total: 0 comment(s)