

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:

402363926

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: 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@bonanzacrk.com

5. API Number 05-123-50082-00

7. Well Name: RSU Anschutz Fed

8. Location: QtrQtr: NWNW Section: 4 Township: 4N Range: 61W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 4-61-05-0909CS

## Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING  
Treatment Date: 12/06/2019 End Date: 01/16/2020 Date this Formation was Completed: 03/11/2020  
Perforations Top: 6354 Bottom: 16954 No. Holes: 2976 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.

124 stage wet shoe plug and perf : 420,013 bbl slickwater, 1,286 bbl 15 % HCl acid, 9,228,230 lb 30/50 white sand, 59,050 lb 100 mesh.

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 421299 Max pressure during treatment (psi): 9380  
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): 0.78  
Total acid used in treatment (bbl): 1286 Number of staged intervals: 124  
Recycled or Reused Fluids used in treatment (bbl): 0 Flowback volume recovered (bbl): 1404  
Fresh water used in treatment (bbl): 420013 Disposition method for flowback: DISPOSAL  
Total proppant used (lbs): 9287280

Fracture stimulations must be reported on [FracFocus.org](https://www.fracfocus.org)

### Test Information:

03/24/2020 Hours: 24 Bbl oil: 388 Mcf Gas: 203 Bbl H2O: 860  
Date Calculated 24 hour rate: Bbl oil: 388 Mcf Gas: 203 Bbl H2O: 860 GOR: 523  
Test Method: Flowing Casing PSI: 0 Tubing PSI: 0 Choke Size: 24/64  
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1499 API Gravity Oil: 36  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6074 Tbg setting date: 02/07/2020 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:

1. The bottom of the completed interval is at 1319' FNL and 143' FEL of Section 1.
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.

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
402363926	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)