

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:
402784026

Date Received:
11/15/2021

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@civiresouces.com</u>

5. API Number <u>05-123-48184-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Anschutz Equus Farms Fed</u>	Well Number: <u>5-61-34-4033B</u>
8. Location: QtrQtr: <u>NESE</u> Section: <u>34</u> Township: <u>5N</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: 07/30/2021 End Date: 08/20/2021 Date this Formation was Completed: 10/15/2021

Perforations Top: 6367 Bottom: 15864 No. Holes: 1590 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.

53 stage wet shoe plug and perf: 636 bbls 15% HCl, 587,391 bbls slickwater, 10,359,760 lbs of 100 mesh, and 6,830,670 lbs of 40/70 mesh.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 588027 Max pressure during treatment (psi): 8005

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): 0.97

Total acid used in treatment (bbl): 636 Number of staged intervals: 53

Recycled or Reused Fluids used in treatment (bbl): 0 Flowback volume recovered (bbl): 2615

Fresh water used in treatment (bbl): 587391 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 17190430

Fracture stimulations must be reported on FracFocus.org

Test Information:

10/21/2021 Hours: 24 Bbl oil: 311 Mcf Gas: 111 Bbl H2O: 347

Calculated 24 hour rate: Bbl oil: 311 Mcf Gas: 111 Bbl H2O: 347 GOR: 357

Test Method: Flowing Casing PSI: 1129 Tubing PSI: 1255 Choke Size: 8/64

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6001 Tbg setting date: 10/01/2021 Packer Depth: 5988

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:

Actual TPZ location: 2139 feet FSL, 575 feet FEL in Sec 34.
The bottom of the completed interval is at 2153' FSL and 490' FWL of Section 33.
The wellbore beyond the unit boundary setback is physically isolated by: wet shoe sub and float collar.
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: Jenna Behm

Title: Regulatory Analyst Date: 11/15/2021 Email: regulatory@civiesources.com

Attachment List

Att Doc Num **Name**

402784026	FORM 5A SUBMITTED
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Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)