

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:  
402784062

Date Received:  
12/14/2021

### 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>(303) 241-6910</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@civiresources.com</u>

5. API Number <u>05-123-49227-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Anschutz Equus Farms</u>	Well Number: <u>5-61-35-4956B</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: 08/22/2021 End Date: 09/12/2021 Date this Formation was Completed: 10/15/2021

Perforations Top: 6333 Bottom: 15855 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: 626 bbls of 15% HCL, 582,092 bbls of slickwater; Proppants: 10,366,540 lbs of 100 mesh, and 6,838,430 lbs of 40/70 White.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 582718 Max pressure during treatment (psi): 7302

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): 0.92

Total acid used in treatment (bbl): 626 Number of staged intervals: 53

Recycled or Reused Fluids used in treatment (bbl): 0 Flowback volume recovered (bbl): 11457

Fresh water used in treatment (bbl): 582092 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 17204970

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

### Test Information:

11/08/2021 Hours: 24 Bbl oil: 204 Mcf Gas: 47 Bbl H2O: 601

Calculated 24 hour rate: Bbl oil: 204 Mcf Gas: 47 Bbl H2O: 601 GOR: 230

Test Method: Flowing Casing PSI: 645 Tubing PSI: 758 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1364 API Gravity Oil: 38

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5939 Tbg setting date: 10/06/2021 Packer Depth: 5925

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: 1141' FSL and 629' FWL in Sec 35, T5N, R61W.  
Actual BPZ Location: 1114' FSL and 489' FEL in Sec 36, T5N, R61W (Calculated using GIS, see attachment for confirmation)  
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: 12/14/2021 Email: regulatory@civiresources.com

## Attachment List

Att Doc Num	Name
402784062	FORM 5A SUBMITTED
402899071	OTHER
402899072	OTHER

Total Attach: 3 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)