

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:  
402974323

Date Received:  
03/17/2022

### 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>Elaine Winick</u>
2. Name of Operator: <u>HIGHPOINT OPERATING CORPORATION</u>	Phone: <u>(303) 294-7806</u>
3. Address: <u>555 17TH ST STE 3700</u>	Fax: <u>(970) 534-6001</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>ewinick@civiresources.com</u>

5. API Number <u>05-123-50650-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Siebring</u>	Well Number: <u>63-32-0801BS</u>
8. Location: QtrQtr: <u>SENE</u> Section: <u>32</u> Township: <u>5N</u> Range: <u>63W</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: 10/01/2021 End Date: 10/16/2021 Date this Formation was Completed: 02/19/2022

Perforations Top: 6864 Bottom: 11242 No. Holes: 601 Hole size: 30/100 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.

Frac'd Niobrara with 26 stage plug and perf:  
8276056 total pounds proppant pumped: 3168601 pounds 40/70 mesh; 5107455 pounds 100 mesh.  
274169 total bbls fluid pumped: 271428 bbls gelled fluid; 2431 bbls fresh water and 310 bbls 15% HCl Acid.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 274169 Max pressure during treatment (psi): 7183

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.30

Type of gas used in treatment: \_\_\_\_\_ Min frac gradient (psi/ft): 0.94

Total acid used in treatment (bbl): 310 Number of staged intervals: 26

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

Fresh water used in treatment (bbl): 2431 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 8276056

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

### Test Information:

03/04/2022 Hours: 24 Bbl oil: 236 Mcf Gas: 299 Bbl H2O: 60  
Date: 03/04/2022 Calculated 24 hour rate: Bbl oil: 236 Mcf Gas: 299 Bbl H2O: 60 GOR: 1267  
Test Method: flowing Casing PSI: 1137 Tubing PSI: 1251 Choke Size: 11/64  
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1320 API Gravity Oil: 46  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6720 Tbg setting date: 12/29/2021 Packer Depth: 6710

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:

TPZ: 531 FNL & 482 FEL  
Highpoint Operating certifies that none of the wellbore beyond the unit boundary was completed. Well is cased and cemented and the bottom perforation is at BPZ: 480 FNL & 481 FWL within the unit boundary.

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

Signed: \_\_\_\_\_ Print Name: Elaine Winick

Title: Completions Tech Date: 3/17/2022 Email ewinick@civiresources.com

## Attachment List

Att Doc Num	Name
402974323	FORM 5A SUBMITTED
402979565	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)