

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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Date Received:

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 4. Contact Name: Marjorie Rael
2. Name of Operator: HIGHPOINT OPERATING CORPORATION Phone: (303) 312-8115
3. Address: 555 17TH ST STE 3700 City: DENVER State: CO Zip: 80202 Fax: Email: mrael@hpres.com

5. API Number 05-123-46857-00 6. County: WELD
7. Well Name: RSU Anschutz Fed Well Number: 4-62-02-4841CS
8. Location: QtrQtr: SESE Section: 3 Township: 4N Range: 62W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/14/2018 End Date: 10/28/2018 Date of First Production this formation: 01/11/2019
Perforations Top: 6649 Bottom: 16816 No. Holes: 2988 Hole size: 0.42

Provide a brief summary of the formation treatment: Open Hole: []

83 stage horizontal fracture stimulation

This formation is commingled with another formation: [] Yes [X] No
Total fluid used in treatment (bbl): 178039 Max pressure during treatment (psi): 6973
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): 0.83
Total acid used in treatment (bbl): 1310 Number of staged intervals: 83
Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 4780
Fresh water used in treatment (bbl): 7477648 Disposition method for flowback:
Total proppant used (lbs): 10073687 Rule 805 green completion techniques were utilized: [X]
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 02/21/2019 Hours: 24 Bbl oil: 178 Mcf Gas: 92 Bbl H2O: 233
Calculated 24 hour rate: Bbl oil: 178 Mcf Gas: 92 Bbl H2O: 233 GOR: 516
Test Method: Choke flow Casing PSI: 890 Tubing PSI: 600 Choke Size: 64/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1400 API Gravity Oil: 37
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6440 Tbg setting date: 01/03/2019 Packer Depth: 6426

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:

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

Signed: _____ Print Name: Marjorie Rael

Title: Regulatory Date: _____ Email: mrael@hpres.com
:

Attachment Check List

Att Doc Num **Name**

401997460	OPERATIONS SUMMARY
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Total Attach: 1 Files

General Comments

User Group **Comment**

Comment Date

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

Total: 0 comment(s)