

FORM 5A

Rev 06/12

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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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 Fax: _____
 City: DENVER State: CO Zip: 80202 Email: mrael@hpres.com

5. API Number 05-123-46846-01 6. County: WELD
 7. Well Name: RSU Anschutz Fed Well Number: 4-62-11-1609CS
 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: 10/29/2018 End Date: 11/16/2018 Date of First Production this formation: 01/11/2019

Perforations Top: 6807 Bottom: 16893 No. Holes: 2988 Hole size: 42/100

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

83 stage horizontal fracture stimulation plug and perf design.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 212463 Max pressure during treatment (psi): 7282

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): 1200 Number of staged intervals: 83

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 4340

Fresh water used in treatment (bbl): 211263 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 14969653 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/10/2019 Hours: 24 Bbl oil: 215 Mcf Gas: 135 Bbl H2O: 451

Calculated 24 hour rate: Bbl oil: 215 Mcf Gas: 135 Bbl H2O: 451 GOR: 627

Test Method: Choke flow Casing PSI: 893 Tubing PSI: 395 Choke Size: 23/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1400 API Gravity Oil: 37

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6508 Tbg setting date: 01/07/2019 Packer Depth: 6494

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:

Performed an 83 stage fracture stimulation.

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

Signed: _____ Print Name: Marjie Rael

Title: Regulatory Date: _____ Email: mrael@hpres.com
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Attachment Check List

Att Doc Num **Name**

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Total Attach: 0 Files

General Comments

User Group **Comment**

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)