

FORM
5ARev
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



DE ET OE ES

Document Number:

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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 05-123-46841-00 6. County: WELD
 7. Well Name: RSU Anschutz Fed Well Number: 4-62-11-0108C
 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: 10/28/2018 End Date: 11/05/2018 Date of First Production this formation: 01/14/2019
 Perforations Top: 6630 Bottom: 16565 No. Holes: 2988 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

83 stage plug and perf design treated with 13862067 lbs Prem Wh 20/40, 1119517 Com 100 Mesh, 1224 bbls 15% HCl and 208985 bbls slickwater.

This formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 210209Max pressure during treatment (psi): 7299Total gas used in treatment (mcf): 0Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: _____

Min frac gradient (psi/ft): 0.83Total acid used in treatment (bbl): 1224Number of staged intervals: 83Recycled water used in treatment (bbl): 0Flowback volume recovered (bbl): 1010Fresh water used in treatment (bbl): 208985Disposition method for flowback: DISPOSALTotal proppant used (lbs): 14981584Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 02/16/2019 Hours: 24 Bbl oil: 148 Mcf Gas: 65 Bbl H2O: 315
 Calculated 24 hour rate: Bbl oil: 148 Mcf Gas: 65 Bbl H2O: 315 GOR: 439
 Test Method: choke flow Casing PSI: 980 Tubing PSI: 550 Choke Size: 14/64
 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1390 API Gravity Oil: 36
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6242 Tbg setting date: 01/07/2019 Packer Depth: 6229

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:

- * The actual TPZ is 241' FNL & 250' FWL; the actual BPZ is 185' FNL & 221' FEL, Sec. 12.
- * HighPoint Operating Corporation certifies that none of the wellbore beyond the unit boundary setback was completed.
- * The wellbore beyond the unit boundary setback is physically isolated by wet shoe sub and float collar.

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 Ops Tech 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)