

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:
401677213

Date Received:
08/27/2021

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>Gabriel Findlay</u>
2. Name of Operator: <u>HIGHPOINT OPERATING CORPORATION</u>	Phone: <u>(720) 440-6163</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>gfindlay@bonanzacrk.com</u>

5. API Number <u>05-123-42735-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>ANSCHUTZ EQUUS FARMS</u>	Well Number: <u>4-62-28-3240C</u>
8. Location: QtrQtr: <u>NWSW</u> Section: <u>28</u> Township: <u>4N</u> Range: <u>62W</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: 04/14/2018 End Date: 04/27/2018 Date this Formation was Completed: 05/24/2018

Perforations Top: 6754 Bottom: 16247 No. Holes: 2880 Hole size: 37/100 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.

80 STAGE WET SHOE PLUG AND PERF, 1,236 BBLS 15% HCL ACID, 452 BBLS 7.5% HCL ACID, AND 168,365 BBLS SLICKWATER, 1,096,922 lbs 100 mesh, 10,936,003 lbs 20/40

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 170053 Max pressure during treatment (psi): 8944

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): 0.86

Total acid used in treatment (bbl): 1688 Number of staged intervals: 80

Recycled or Reused Fluids used in treatment (bbl): 0 Flowback volume recovered (bbl): 12315

Fresh water used in treatment (bbl): 168365 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 12032925

Fracture stimulations must be reported on FracFocus.org

Test Information:

06/18/2018 Hours: 24 Bbl oil: 136 Mcf Gas: 38 Bbl H2O: 354
Date Calculated 24 hour rate: Bbl oil: 136 Mcf Gas: 38 Bbl H2O: 354 GOR: 279
Test Method: FLOWING Casing PSI: 435 Tubing PSI: 695 Choke Size: 13/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1411 API Gravity Oil: 34
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6486 Tbg setting date: 05/11/2018 Packer Depth: _____

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:

1. The bottom of the completed interval is at 2497' FSL and 487' FEL of Section 27.
2. The wellbore beyond the unit boundary setback is physically isolated by: wet shoe sub and float collar
3. 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: Ashley Noonan

Title: Sr. Regulatory Analyst Date: 8/27/2021 Email: regulatory@bonanzacrk.com

Attachment List

Att Doc Num	Name
401677213	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)