

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) 892-2109



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Document Number:
401663851

Date Received:
09/28/2021

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>Kate Miller</u>
2. Name of Operator: <u>HIGHPOINT OPERATING CORPORATION</u>	Phone: <u>(720) 440-6116</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>regulatory@bonanzacr.com</u>

5. API Number <u>05-123-45706-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Anschutz-Williams</u>	Well Number: <u>5-61-27-4841B</u>
8. Location: QtrQtr: <u>NWSW</u> Section: <u>27</u> Township: <u>5N</u> Range: <u>61W</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: 03/25/2018 End Date: 04/28/2018 Date this Formation was Completed: 05/14/2018

Perforations Top: 6493 Bottom: 16098 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 12,536,770 LBS 20/40 SAND, 1,352,740 LBS 100# MESH 1,114 BBLS 15% HCL ACID, AND 170,214 BBLS SLICKWATER

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 171328 Max pressure during treatment (psi): 8432

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): 0.84

Total acid used in treatment (bbl): 1114 Number of staged intervals: 80

Recycled or Reused Fluids used in treatment (bbl): 0 Flowback volume recovered (bbl): 40159

Fresh water used in treatment (bbl): 170214 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 13889510

Fracture stimulations must be reported on FracFocus.org

Test Information:

06/12/2018 Hours: 24 Bbl oil: 142 Mcf Gas: 63 Bbl H2O: 287
Date Calculated 24 hour rate: Bbl oil: 142 Mcf Gas: 63 Bbl H2O: 287 GOR: 444
Test Method: FLOWING Casing PSI: 967 Tubing PSI: 678 Choke Size: 15/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1638 API Gravity Oil: 34
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6154 Tbg setting date: 04/21/2018 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 1812' FSL and 498' FEL in Section 26.
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: 9/28/2021 Email regulatory@bonanzacrk.com

Attachment List

Att Doc Num	Name
401663851	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)