

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.

Document Number:
 401776255

Date Received:
 12/29/2021

1. OGCC Operator Number: <u>10071</u> 2. Name of Operator: <u>HIGHPOINT OPERATING CORPORATION</u> 3. Address: <u>555 17TH ST STE 3700</u> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	4. Contact Name: <u>Kate Miller</u> Phone: <u>(303) 241-6910</u> Fax: _____ Email: <u>regulatory@civiresources.com</u>
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5. API Number <u>05-123-46082-00</u> 7. Well Name: <u>Anschutz State</u> 8. Location: QtrQtr: <u>SESE</u> Section: <u>27</u> Township: <u>5N</u> 9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	6. County: <u>WELD</u> Well Number: <u>5-62-26-6457CN</u> Range: <u>62W</u> Meridian: <u>6</u>
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Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 06/18/2018 End Date: 07/25/2018 Date this Formation was Completed: 08/28/2018

Perforations Top: 6906 Bottom: 16571 No. Holes: 2196 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.

61 STAGE WET SHOE PLUG AND PERF: 9,067,141 LBS 20/40 SAND, 794,052 LBS 100# MESH, 1,119 BBLS 15% HCl ACID, AND 330,397 BBLS SLICKWATER

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 331516 Max pressure during treatment (psi): 8008

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): 0.79

Total acid used in treatment (bbl): 1119 Number of staged intervals: 61

Recycled or Reused Fluids used in treatment (bbl): 0 Flowback volume recovered (bbl): 17288

Fresh water used in treatment (bbl): 330397 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 9861193

Fracture stimulations must be reported on FracFocus.org

Test Information:

09/26/2018 Hours: 24 Bbl oil: 289 Mcf Gas: 172 Bbl H2O: 400

Calculated 24 hour rate: Bbl oil: 289 Mcf Gas: 172 Bbl H2O: 400 GOR: 595

Test Method: FLOWING Casing PSI: 1266 Tubing PSI: 771 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1411 API Gravity Oil: 36

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6476 Tbg setting date: 08/15/2018 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 572' FSL and 495' FEL of Section 25.
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: Senior Regulatory Analyst Date: 12/29/2021 Email: regulatory@civiresources.com

Attachment List

Att Doc Num **Name**

401776255	FORM 5A SUBMITTED
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Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Returned to Draft 10/27/2021 for Highpoint AOC Batch 4.	10/27/2021

Total: 1 comment(s)