

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:

401776248

Date Received:

12/29/2021

### 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>(303) 241-6910</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@civiresources.com</u>
5. API Number <u>05-123-46085-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Anschutz State</u>	Well Number: <u>5-62-26-4841C</u>
8. Location: QtrQtr: <u>NESE</u> Section: <u>27</u> Township: <u>5N</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: 06/18/2018 End Date: 07/24/2018 Date this Formation was Completed: 08/26/2018

Perforations Top: 6716 Bottom: 16477 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 9,055,851 LBS 20/40 SAND, 790,947 LBS 100# MESH, 1,255 BBLS 15% HCl ACID, AND 324,194 BBLS SLICKWATER

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 325449 Max pressure during treatment (psi): 8440

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): 0.69

Total acid used in treatment (bbl): 1255 Number of staged intervals: 61

Recycled or Reused Fluids used in treatment (bbl): 0 Flowback volume recovered (bbl): 14248

Fresh water used in treatment (bbl): 324194 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 9846798

Fracture stimulations must be reported on [FracFocus.org](https://www.fracfocus.org)

### Test Information:

09/26/2018 Hours: 24 Bbl oil: 301 Mcf Gas: 152 Bbl H2O: 335

Calculated 24 hour rate: Bbl oil: 301 Mcf Gas: 152 Bbl H2O: 335 GOR: 505

Test Method: FLOWING Casing PSI: 1074 Tubing PSI: 873 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: 6468 Tbg setting date: 08/12/2018 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 1612' FSL and 500' 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: Sr. Regulatory Analyst Date: 12/29/2021 Email: regulatory@civiresources.com

## Attachment List

Att Doc Num	Name
401776248	FORM 5A SUBMITTED

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)