

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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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>05-123-46848-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Critter Creek</u>	Well Number: <u>540-1411H</u>
8. Location: QtrQtr: <u>SWSW</u> Section: <u>14</u> Township: <u>11N</u> Range: <u>63W</u> Meridian: <u>6</u>	
9. Field Name: <u>HEREFORD</u> Field Code: <u>34200</u>	

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 08/27/2018 End Date: 09/16/2018 Date this Formation was Completed: 10/30/2018

Perforations Top: 7809 Bottom: 17663 No. Holes: 2988 Hole size: 40/100 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.

83 STAGE WET SHOE PLUG AND PERF 13,668,519 LBS 20/40 SAND, 1,134,196 LBS 100# MESH, 1,143 BBLS 15% HCL ACID, AND 213,320 BBLS SLICKWATER

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 214463 Max pressure during treatment (psi): 7383

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.90

Total acid used in treatment (bbl): 1143 Number of staged intervals: 83

Recycled or Reused Fluids used in treatment (bbl): _____ Flowback volume recovered (bbl): 36517

Fresh water used in treatment (bbl): 213320 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 14802715

Fracture stimulations must be reported on FracFocus.org

Test Information:

11/25/2018 Hours: 24 Bbl oil: 324 Mcf Gas: 162 Bbl H2O: 912
Date Calculated 24 hour rate: Bbl oil: 324 Mcf Gas: 162 Bbl H2O: 912 GOR: 500
Test Method: FLOWING Casing PSI: 972 Tubing PSI: 244 Choke Size: 33/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1447 API Gravity Oil: 35
Tubing Size: 2 + 7/8 Tubing Setting Depth: 7400 Tbg setting date: 10/27/2018 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 336' FNL and 1332' FWL of Section 11.
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: Rachel Milne
Title: Senior Regulatory Analyst Date: _____ Email: regulatory@civiresources.com

Attachment List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	This Form returned to "Draft" on 11/9/2021 as part of Highpoint AOC Batch 5.	11/09/2021

Total: 1 comment(s)