

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:
402260226

Date Received:
01/31/2022

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>05-123-47299-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Critter Creek</u>	Well Number: <u>15-6302D</u>
8. Location: QtrQtr: <u>SWSW</u> Section: <u>15</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: CODELL-FORT HAYS Status: COMMINGLED Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 12/17/2018 End Date: 01/17/2019 Date this Formation was Completed: 04/12/2019

Perforations Top: 8002 Bottom: 17872 No. Holes: 1200 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.

50 STAGE WET SHOE PLUG AND PERF: 9,865,712 LBS 40/70 SAND AND 205,488 BBLS SLICKWATER

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 205488 Max pressure during treatment (psi): 7867

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): 0.82

Total acid used in treatment (bbl): 0 Number of staged intervals: 50

Recycled or Reused Fluids used in treatment (bbl): _____ Flowback volume recovered (bbl): 49387

Fresh water used in treatment (bbl): 205488 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 9865712

Fracture stimulations must be reported on FracFocus.org

Test Information:

04/25/2019 Hours: 24 Bbl oil: 258 Mcf Gas: 146 Bbl H2O: 953

Calculated 24 hour rate: Bbl oil: 258 Mcf Gas: 146 Bbl H2O: 953 GOR: 566

Test Method: Choke Flow Casing PSI: 1025 Tubing PSI: 381 Choke Size: 33/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1497 API Gravity Oil: 36

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7706 Tbg setting date: 03/05/2019 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.

FORMATION: CODELL Status: PRODUCING Treatment Type: _____

Treatment Date: 12/17/2018 End Date: 01/17/2019 Date this Formation was Completed: 04/12/2019

Perforations Top: 8852 Bottom: 17872 No. Holes: 1097 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.

This formation is commingled with another formation: Yes No

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

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

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

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

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

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

Total proppant used (lbs): _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Hours: Bbl oil: Mcf Gas: Bbl H2O:
Date: Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:
Test Method: Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:
Tubing Size: Tubing Setting Depth: Tbg setting date: 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.

FORMATION: FORT HAYS Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 12/17/2018 End Date: 01/17/2019 Date this Formation was Completed: 04/12/2019
Perforations Top: 8002 Bottom: 8851 No. Holes: 103 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.

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This formation is commingled with another formation: Yes No
Total fluid used in treatment (bbl): Max pressure during treatment (psi):
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):
Type of gas used in treatment: Min frac gradient (psi/ft):
Total acid used in treatment (bbl): Number of staged intervals:
Recycled or Reused Fluids used in treatment (bbl): Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): Disposition method for flowback:
Total proppant used (lbs):

Fracture stimulations must be reported on FracFocus.org

Test Information:

Hours: Bbl oil: Mcf Gas: Bbl H2O:
Date: Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:
Test Method: Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:
Tubing Size: Tubing Setting Depth: Tbg setting date: 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 337' FNL and 747' FWL of Section 10.
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: 1/31/2022 Email regulatory@civiresources.com
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Attachment List

Att Doc Num **Name**

402260226	FORM 5A SUBMITTED
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Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

Permit	This Form returned to "Draft" on 11/9/2021 as part of Highpoint AOC Batch 5.	11/09/2021
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Permit	Replacement form for doc 402034809.	03/10/2020
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Total: 2 comment(s)