

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:

402034285

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>05-123-47303-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Critter Creek</u>	Well Number: <u>15-6302B</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: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING
Treatment Date: 12/17/2018 End Date: 01/17/2019 Date this Formation was Completed: 04/15/2019
Perforations Top: 7817 Bottom: 17687 No. Holes: 1992 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.

83 STAGE WET SHOE PLUG AND PERF 13,793,248 LBS 20/40 SAND, 1,148,698 LBS 100# MESH, 1,631 BBLS 15% HCL ACID, AND 239,214 BBLS SLICKWATER.

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

Total fluid used in treatment (bbl): 240845 Max pressure during treatment (psi): 8120
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): 1631 Number of staged intervals: 83
Recycled or Reused Fluids used in treatment (bbl): 0 Flowback volume recovered (bbl): 49686
Fresh water used in treatment (bbl): 239214 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 14941946

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

Test Information:

04/25/2019 Hours: 24 Bbl oil: 155 Mcf Gas: 82 Bbl H2O: 1045
Date Calculated 24 hour rate: Bbl oil: 155 Mcf Gas: 82 Bbl H2O: 1045 GOR: 529
Test Method: Choke flow Casing PSI: 1003 Tubing PSI: 338 Choke Size: 33/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1181 API Gravity Oil: 36
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7335 Tbg setting date: 03/01/2019 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.

Comment:

1. The bottom of the completed interval is at 339' FNL and 1185' 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

Attachment List

Att Doc Num Name

402034285 FORM 5A SUBMITTED

Total Attach: 1 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)