

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:
402120052

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>05-123-47306-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Critter Creek</u>	Well Number: <u>16-6005BE</u>
8. Location: QtrQtr: <u>SESE</u> Section: <u>16</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: 04/10/2019 End Date: 05/02/2019 Date this Formation was Completed: 06/04/2019

Perforations Top: 8030 Bottom: 17887 No. Holes: 2988 Hole size: 42/100 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 13,607,020 LBS 20/40 SAND, 1,161,890 LBS 100# MESH, 1,952 BBLS 15% HCL ACID, AND 403,722 BBLS SLICKWATER

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 405674 Max pressure during treatment (psi): 8611

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): 0.85

Total acid used in treatment (bbl): 1952 Number of staged intervals: 83

Recycled or Reused Fluids used in treatment (bbl): 0 Flowback volume recovered (bbl): 54597

Fresh water used in treatment (bbl): 403722 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 14768910

Fracture stimulations must be reported on FracFocus.org

Test Information:

07/05/2019 Hours: 24 Bbl oil: 70 Mcf Gas: 26 Bbl H2O: 1143
Date Calculated 24 hour rate: Bbl oil: 70 Mcf Gas: 26 Bbl H2O: 1143 GOR: 371
Test Method: Flowing Casing PSI: 996 Tubing PSI: 318 Choke Size: 33/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 270 API Gravity Oil: 37
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8013 Tbg setting date: 05/30/2019 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 336' FNL and 2169' FEL of Section 9.
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: 1/31/2022 Email: regulatory@civiresources.com

Attachment List

Att Doc Num	Name
402120052	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)