

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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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>05-123-49079-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Park</u>	Well Number: <u>4-63 4-1724C</u>
8. Location: QtrQtr: <u>SENE</u> Section: <u>4</u> Township: <u>4N</u> Range: <u>63W</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: 03/20/2019 End Date: 03/30/2019 Date this Formation was Completed: 07/09/2019

Perforations Top: 6776 Bottom: 11084 No. Holes: 864 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.

36 STAGE WET SHOE PLUG AND PERF 5,824,850 LBS 20/40 SAND, 510,700 LBS 100# MESH, 750 BBLS 15% HCL ACID, AND 133,557 BBLS SLICKWATER

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 134307 Max pressure during treatment (psi): 8185

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.33

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.95

Total acid used in treatment (bbl): 750 Number of staged intervals: 36

Recycled or Reused Fluids used in treatment (bbl): 0 Flowback volume recovered (bbl): 2887

Fresh water used in treatment (bbl): 133557 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 6335550

Fracture stimulations must be reported on FracFocus.org

Test Information:

07/10/2019 Hours: 24 Bbl oil: 256 Mcf Gas: 201 Bbl H2O: 151
Date Calculated 24 hour rate: Bbl oil: 256 Mcf Gas: 201 Bbl H2O: 151 GOR: 785
Test Method: choke flow Casing PSI: 107 Tubing PSI: 1147 Choke Size: 12/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 2074 API Gravity Oil: 42
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6422 Tbg setting date: 04/13/2019 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 1705' FNL and 498' FEL of Section 3, T4N, R63W.
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: _____ 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 1/4/2022 as part of Highpoint AOC Batch 7.	01/04/2022

Total: 1 comment(s)