

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:  
402418348

Date Received:  
09/29/2021

### 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>(720) 440-6116</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>kmiller@bonanzacr.com</u>

5. API Number <u>05-123-49950-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>FOX CREEK</u>	Well Number: <u>34-0164D</u>
8. Location: QtrQtr: <u>NWNW</u> Section: <u>34</u> Township: <u>12N</u> Range: <u>63W</u> Meridian: <u>6</u>	
9. Field Name: <u>HEREFORD</u> Field Code: <u>34200</u>	

## Completed Interval

FORMATION: CODELL Status: SHUT IN Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 01/27/2020 End Date: 01/27/2020 Date this Formation was Completed: \_\_\_\_\_

Perforations Top: 18039 Bottom: 18159 No. Holes: 48 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.

2 STAGE WET SHOE PLUG AND PERF 252,540 LBS 30/50 SAND AND 7,002 BBLS SLICKWATER

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 7002 Max pressure during treatment (psi): 8717

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): 0.71

Total acid used in treatment (bbl): \_\_\_\_\_ Number of staged intervals: 2

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

Fresh water used in treatment (bbl): 7002 Disposition method for flowback: \_\_\_\_\_

Total proppant used (lbs): 252540

**Fracture stimulations must be reported on FracFocus.org**

### Test Information:

Hours: \_\_\_\_\_ Bbl oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbl H2O: \_\_\_\_\_

Estimated 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: Estimated hole in casing at 8,077' MD. Completion operations were suspended due economics, well is not producing. No plug downhole. Prior to additional completion operations a Form 4 NOI Casing Repair will be submitted.

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' FSL and 747' FWL of Section 3.
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.

Estimated hole in casing at 8,077' MD. Completion operations were suspended due economics, well is not producing. No plug downhole. Prior to additional completion operations a Form 4 NOI Casing Repair will be submitted.

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: Senior Regulatory Analyst Date: 9/29/2021 Email: regulatory@bonanzacrk.com

## Attachment List

Att Doc Num	Name
402418348	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)