

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:
402388975

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: 10071
2. Name of Operator: HIGHPOINT OPERATING CORPORATION
3. Address: 555 17TH ST STE 3700
City: DENVER State: CO Zip: 80202
4. Contact Name: Kate Miller
Phone: (720) 4406166
Fax: _____
Email: kmiller@bonanzacrck.com

5. API Number 05-123-49944-00
6. County: WELD
7. Well Name: FOX CREEK
Well Number: 34-0263B
8. Location: QtrQtr: NWNW Section: 34 Township: 12N Range: 63W Meridian: 6
9. Field Name: HEREFORD Field Code: 34200

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 01/27/2020 End Date: 03/04/2020 Date this Formation was Completed: 04/06/2020

Perforations Top: 8095 Bottom: 18292 No. Holes: 3072 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.

128 STAGE WET SHOE PLUG AND PERF 16,990,175 LBS 30/50 SAND, 1,226,950 LBS 100# MESH, 179 BBLS 15% HCL ACID, AND 493,029 BBLS SLICKWATER

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 493208 Max pressure during treatment (psi): 9180

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): 0.59

Total acid used in treatment (bbl): 179 Number of staged intervals: 128

Recycled or Reused Fluids used in treatment (bbl): _____ Flowback volume recovered (bbl): 44922

Fresh water used in treatment (bbl): 493029 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 18217125

Fracture stimulations must be reported on FracFocus.org

Test Information:

04/25/2020 Hours: 24 Bbl oil: 148 Mcf Gas: 63 Bbl H2O: 897
Date Calculated 24 hour rate: Bbl oil: 148 Mcf Gas: 63 Bbl H2O: 897 GOR: 426
Test Method: FLOWING Casing PSI: 1093 Tubing PSI: 276 Choke Size: 41/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1465 API Gravity Oil: 36
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7865 Tbg setting date: 04/02/2020 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 191' FSL and 1310' 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.

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
402388975	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)