

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:
402784059

Date Received:
11/16/2021

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>(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>05-123-49226-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Anschutz Equus Farms</u>	Well Number: <u>5-61-35-3340B</u>
8. Location: QtrQtr: <u>NESE</u> Section: <u>34</u> Township: <u>5N</u> Range: <u>61W</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: 07/29/2021 End Date: 08/21/2021 Date this Formation was Completed: 10/15/2021

Perforations Top: 6358 Bottom: 15880 No. Holes: 1590 Hole size: 0.25 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.

53 stage wet shoe plug and perf: 628 bbls 15% HCl, 587071 bbls slickwater; Proppants: 9,825,962 lbs of 100 mesh, and 6,738,880 lbs of 40/70 White.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 587699 Max pressure during treatment (psi): 7609

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): 0.90

Total acid used in treatment (bbl): 628 Number of staged intervals: 53

Recycled or Reused Fluids used in treatment (bbl): 0 Flowback volume recovered (bbl): 11457

Fresh water used in treatment (bbl): 587071 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 16564842

Fracture stimulations must be reported on FracFocus.org

Test Information:

11/06/2021 Hours: 24 Bbl oil: 269 Mcf Gas: 22 Bbl H2O: 511
Date Calculated 24 hour rate: Bbl oil: 269 Mcf Gas: 22 Bbl H2O: 511 GOR: 82
Test Method: Flowing Casing PSI: 338 Tubing PSI: 729 Choke Size: 9/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1364 API Gravity Oil: 38
Tubing Size: 2 + 3/8 Tubing Setting Depth: 5955 Tbg setting date: 10/02/2021 Packer Depth: 5934

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:

Actual TPZ Location: 2335' FSL and 599' FWL in Sec 35, T5N, R61W.
Actual BPZ Location: 2330' FSL and 490' FEL in Sec 36, T5N, R61W.
The wellbore beyond the unit boundary setback is physically isolated by: wet shoe sub and float collar.
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: Jenna Behm

Title: Regulatory Analyst Date: 11/16/2021 Email: regulatory@civiresources.com

Attachment List

Att Doc Num **Name**

402784059	FORM 5A SUBMITTED
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Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)