

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:
402974326

Date Received:
03/17/2022

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>Elaine Winick</u>
2. Name of Operator: <u>HIGHPOINT OPERATING CORPORATION</u>	Phone: <u>(303) 294-7806</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>ewinick@civiresources.com</u>

5. API Number <u>05-123-50651-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Siebring</u>	Well Number: <u>63-32-2525BN</u>
8. Location: QtrQtr: <u>SENE</u> Section: <u>32</u> Township: <u>5N</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: 10/16/2021 End Date: 10/28/2021 Date this Formation was Completed: 02/19/2022

Perforations Top: 7364 Bottom: 12214 No. Holes: 673 Hole size: 30/100 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.

Frac'd Niobrara with 29 stage plug and perf:
9105103 total pounds proppant pumped: 3626421 pounds 40/70 mesh; 5478682 pounds 100 mesh.
304865 total bbls fluid pumped: 300812 bbls gelled fluid; 3720 bbls fresh water and 333 bbls 15% HCl Acid.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 304865 Max pressure during treatment (psi): 7607

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.30

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 1.00

Total acid used in treatment (bbl): 333 Number of staged intervals: 29

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

Fresh water used in treatment (bbl): 3720 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 9105103

Fracture stimulations must be reported on FracFocus.org

Test Information:

03/04/2022 Hours: 24 Bbl oil: 228 Mcf Gas: 190 Bbl H2O: 289
Date: 03/04/2022 Calculated 24 hour rate: Bbl oil: 228 Mcf Gas: 190 Bbl H2O: 289 GOR: 833
Test Method: flowing Casing PSI: 1119 Tubing PSI: 1640 Choke Size: 11/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1320 API Gravity Oil: 46
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6565 Tbg setting date: 12/23/2021 Packer Depth: 6556

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:

TPZ: 2220 FNL & 60 FEL
Highpoint Operating certifies that none of the wellbore beyond the unit boundary was completed. Well is cased and cemented and the bottom perforation is at BPZ: 2190 FNL & 527 FEL within the unit boundary.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Elaine Winick

Title: Completions Tech Date: 3/17/2022 Email ewinick@civiresources.com

Attachment List

Att Doc Num	Name
402974326	FORM 5A SUBMITTED
402979776	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)