

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:  
401683054

Date Received:

### 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>Gabriel Findlay</u> |
| 2. Name of Operator: <u>HIGHPOINT OPERATING CORPORATION</u> | Phone: <u>(720) 440-6163</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>gfindlay@bonanzacrk.com</u>   |

|  |                                    |
|--|------------------------------------|
| 5. API Number <u>05-123-43721-00</u>   | 6. County: <u>WELD</u>             |
| 7. Well Name: <u>ANSCHUTZ EQUUS FARMS</u>  | Well Number: <u>4-62-28-6457CB</u> |
| 8. Location: QtrQtr: <u>SWSW</u> Section: <u>28</u> Township: <u>4N</u> Range: <u>62W</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: 05/07/2018 End Date: 05/20/2018 Date this Formation was Completed: 06/13/2018

Perforations Top: 6715 Bottom: 16232 No. Holes: 2880 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.

80 STAGE WET SHOE PLUG AND PERF 10,940,552 LBS 20/40 SAND, 1,083,296 LBS 100# MESH 1,286 BBLS 15% HCL ACID, AND 170,917 BBLS SLICKWATER

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 172203 Max pressure during treatment (psi): 7126

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): 0.86

Total acid used in treatment (bbl): 1286 Number of staged intervals: 80

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

Fresh water used in treatment (bbl): 170917 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 12023848

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

### Test Information:

07/11/2018 Hours: 24 Bbl oil: 175 Mcf Gas: 55 Bbl H2O: 373  
Date Calculated 24 hour rate: Bbl oil: 175 Mcf Gas: 55 Bbl H2O: 373 GOR: 314  
Test Method: FLOWING Casing PSI: 1030 Tubing PSI: 575 Choke Size: 13/64  
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1411 API Gravity Oil: 37  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6411 Tbg setting date: 06/04/2018 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 375' FSL and 488' FEL of Section 27.
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@bonanzacrk.com

## Attachment List

| Att Doc Num | Name |
|-------------|------|
|             |      |

Total Attach: 0 Files

**General Comments**

| <b><u>User Group</u></b> | <b><u>Comment</u></b> | <b><u>Comment Date</u></b> |
|--------------------------|-----------------------|----------------------------|
|                          |                       | Stamp Upon Approval        |

Total: 0 comment(s)