

FORM
5A

Rev
06/12

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:

400464198

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: 8960
2. Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY
3. Address: 410 17TH STREET SUITE #1400
City: DENVER State: CO Zip: 80202
4. Contact Name: Olga Chikaloff
Phone: (720) 440-1600
Fax: (720) 279-2331

5. API Number 05-123-36471-00
6. County: WELD
7. Well Name: State Antelope
Well Number: K-O-1HNB
8. Location: QtrQtr: NENW Section: 1 Township: 5N Range: 62W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/13/2013 End Date: 05/13/2013 Date of First Production this formation: 06/02/2013

Perforations Top: 6804 Bottom: 10686 No. Holes: _____ Hole size: 0

Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Niobrara pumped a total of 56408 bbls of fluid and 4231660# of sand, ATP 3861 psi, ATR 50.2 bpm, Final ISDP 2988 psi, completed with sliding sleeves and casing packers.

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 56408 Max pressure during treatment (psi): 3980

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): 0.92

Total acid used in treatment (bbl): 0 Number of staged intervals: 18

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 11019

Fresh water used in treatment (bbl): 56408 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 4231660 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 06/29/2013 Hours: 72 Bbl oil: 1089 Mcf Gas: 744 Bbl H2O: 810

Calculated 24 hour rate: Bbl oil: 363 Mcf Gas: 248 Bbl H2O: 270 GOR: 684

Test Method: Flowing Casing PSI: 965 Tubing PSI: 256 Choke Size: _____

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1311 API Gravity Oil: 43

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6352 Tbg setting date: 05/17/2013 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:

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

Signed: _____

Print Name: Olga Chikaloff _____

Title: Engineering Technician _____

Date: _____

Email : ochikaloff@bonanzacrk.com _____

Attachment Check List

Att Doc Num

Name

400464234

WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)