

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:

400494218

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 4. Contact Name: Robert Tucker
2. Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY Phone: (661) 638-2700
3. Address: 410 17TH STREET SUITE #1400 Fax: _____
City: DENVER State: CO Zip: 80202

5. API Number 05-123-32892-00 6. County: WELD
7. Well Name: Antelope Well Number: Q-31
8. Location: QtrQtr: SENE Section: 31 Township: 5N Range: 62W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION
Treatment Date: 07/19/2013 End Date: 07/20/2013 Date of First Production this formation: 07/23/2013
Perforations Top: 6601 Bottom: 6593 No. Holes: 80 Hole size: 4/10
Provide a brief summary of the formation treatment: Open Hole: ☐
This formation is commingled with another formation: ☒ Yes ☐ No
Total fluid used in treatment (bbl): 3213 Max pressure during treatment (psi): 3271
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): 0.93
Total acid used in treatment (bbl): 12 Number of staged intervals: 1
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 922
Fresh water used in treatment (bbl): 3201 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 245000 Rule 805 green completion techniques were utilized: ☐
Reason why green completion not utilized: PIPELINE

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____
Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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.

FORMATION: NIOBRARA-CODELL		Status: PRODUCING		Treatment Type: FRACTURE STIMULATION	
Treatment Date: 07/19/2012		End Date: 07/20/2012		Date of First Production this formation: 07/23/2011	
Perforations Top: 6332		Bottom: 6486		No. Holes: 80 Hole size: 4/10	
Provide a brief summary of the formation treatment:				Open Hole: <input type="checkbox"/>	
This formation is commingled with another formation:				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Total fluid used in treatment (bbl):		Max pressure during treatment (psi):			
Total gas used in treatment (mcf):		Fluid density at initial fracture (lbs/gal):			
Type of gas used in treatment:		Min frac gradient (psi/ft):			
Total acid used in treatment (bbl):		Number of staged intervals:			
Recycled water used in treatment (bbl):		Flowback volume recovered (bbl):			
Fresh water used in treatment (bbl):		Disposition method for flowback:			
Total proppant used (lbs):		Rule 805 green completion techniques were utilized: <input type="checkbox"/>			
Reason why green completion not utilized:					
Fracture stimulations must be reported on FracFocus.org					
<u>Test Information:</u>					
Date: 08/08/2011	Hours: 24	Bbl oil: 23	Mcf Gas: 21	Bbl H2O: 8	
Calculated 24 hour rate:	Bbl oil: 23	Mcf Gas: 21	Bbl H2O: 8	GOR: 0	
Test Method: Flowing	Casing PSI: 159	Tubing PSI:	Choke Size:		
Gas Disposition: SOLD	Gas Type: WET	Btu Gas: 1311	API Gravity Oil: 43		
Tubing Size: 2 + 3/8	Tubing Setting Depth: 6571	Tbg setting date: 10/27/2011	Packer Depth:		
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
Date formation Abandoned:	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt			
** Bridge Plug Depth:		** Sacks cement on top:		** Wireline and Cement Job Summary must be attached.	

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 07/19/2013 End Date: 07/20/2013 Date of First Production this formation: 07/23/2013

Perforations Top: 6332 Bottom: 6486 No. Holes: 48 Hole size: 4/10

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

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

Total fluid used in treatment (bbl): 3469 Max pressure during treatment (psi): 3021

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): 0.90

Total acid used in treatment (bbl): 12 Number of staged intervals: 1

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 922

Fresh water used in treatment (bbl): 3457 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 265000 Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: PIPELINE

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:

Tubing Size: Tubing Setting Depth: Tbg setting date: 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:

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

Signed: Print Name: Robert Tucker

Title: Engineering Intern Date: Email: rtucker@bonanzacrk.com

Attachment Check List

Att Doc Num	Name
400495637	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)