

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:

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

5. API Number 05-123-37552-00 6. County: WELD
7. Well Name: State Seventy Holes Well Number: F-J-8HNB
8. Location: QtrQtr: NWNW Section: 8 Township: 4N Range: 62W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 07/31/2013 End Date: 08/01/2013 Date of First Production this formation: 08/13/2013

Perforations Top: 6875 Bottom: 10667 No. Holes: _____ Hole size: 0

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

Niobrara pumped a total of 56231 bbls of fluid and 4014280# of sand, ATP 4102 psi, ATR 48.00psi, Final ISDP 3223 psi, completed with sliding sleeves and casing packers.

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

Total fluid used in treatment (bbl): 56231 Max pressure during treatment (psi): 4956

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.33

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.93

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

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 15259

Fresh water used in treatment (bbl): 56231 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 4014280 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 08/29/2013 Hours: 72 Bbl oil: 1287 Mcf Gas: 1464 Bbl H2O: 306

Calculated 24 hour rate: Bbl oil: 429 Mcf Gas: 488 Bbl H2O: 102 GOR: 1138

Test Method: Flowing Casing PSI: 856 Tubing PSI: 115 Choke Size: _____

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6402 Tbg setting date: 08/05/2013 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

400488229

WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)