

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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400911249
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10/05/2015

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: Jessica Azzolina
 Phone: (720) 440-6100
 Fax: (720) 279-2331
 Email: jazzolina@bonanzacrk.com

5. API Number 05-123-41043-00
 6. County: WELD
 7. Well Name: State Antelope
 Well Number: C12-W42-2HNC
 8. Location: QtrQtr: SWNW Section: 2 Township: 5N Range: 62W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION
 Treatment Date: 08/27/2015 End Date: 08/28/2015 Date of First Production this formation: 09/18/2015
 Perforations Top: 6866 Bottom: 11028 No. Holes: _____ Hole size: 6.125

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

25 stage Niobrara pumped a total of 67,343 bbls of fluid (Phaser) and 4,056,204 # of sand (40/70 Ottawa, 30/50 Ottawa); ATP 4,482 psi, ATR 49 bpm, Final ISDP 3,177 psi; completed with sliding sleeves and casing packers.

This formation is commingled with another formation: Yes No
 Total fluid used in treatment (bbl): 67343 Max pressure during treatment (psi): 5447
 Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.33
 Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.89
 Total acid used in treatment (bbl): _____ Number of staged intervals: 25
 Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 10949
 Fresh water used in treatment (bbl): 67343 Disposition method for flowback: DISPOSAL
 Total proppant used (lbs): 4056204 Rule 805 green completion techniques were utilized:
 Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 09/18/2015 Hours: 72 Bbl oil: 111 Mcf Gas: 330 Bbl H2O: 1572
 Calculated 24 hour rate: Bbl oil: 37 Mcf Gas: 110 Bbl H2O: 524 GOR: 2973
 Test Method: Flowing Casing PSI: 900 Tubing PSI: 210 Choke Size: 18
 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1311 API Gravity Oil: 43
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6489 Tbg setting date: 09/14/2015 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: Jessica Azzolina

Title: Technician Date: 10/5/2015 Email jazzolina@bonanzacr.com
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Attachment Check List

Att Doc Num **Name**

400911249	FORM 5A SUBMITTED
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Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)