

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:

400442203

Date Received:

07/22/2013

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: Robert Tucker
Phone: (720) 440-6100
Fax:
Email: rtucker@bonanzacrk.com

5. API Number 05-123-35128-00
6. County: WELD
7. Well Name: Antelope
Well Number: W-19
8. Location: QtrQtr: SENE Section: 19 Township: 5N Range: 62W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/11/2012 End Date: 05/12/2012 Date of First Production this formation: 05/29/2012
Perforations Top: 6640 Bottom: 6650 No. Holes: 40 Hole size: 40/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

Pumped 3194 bbls of fluid with 245160 lbs 20/40 sand. ATP 3352, ATR 23.2, ISDP 3040

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

Total fluid used in treatment (bbl): 3194

Max pressure during treatment (psi): 3040

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): 0.89

Total acid used in treatment (bbl): 12

Number of staged intervals: 1

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 1026

Fresh water used in treatment (bbl): 3182

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 245160

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: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: _____

Perforations Top: 6386 Bottom: 6650 No. Holes: 88 Hole size: 40/100

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): _____ 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: ☐

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 07/04/2012 Hours: 72 Bbl oil: 140 Mcf Gas: 89 Bbl H2O: 4

Calculated 24 hour rate: Bbl oil: 47 Mcf Gas: 30 Bbl H2O: 1 GOR: 636

Test Method: FLOWING Casing PSI: 1140 Tubing PSI: 732 Choke Size: 0

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1131 API Gravity Oil: 43

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6735 Tbg setting date: 06/12/2012 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 Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/11/2012 End Date: 05/11/2012 Date of First Production this formation: 05/29/2012

Perforations Top: 6386 Bottom: 6538 No. Holes: 48 Hole size: 40/100

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

Pumped 3363 bbls of fluid with 260100 lbs 20/40 sand. ATP 3979, ATR 51.1, ISDP 3140

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

Total fluid used in treatment (bbl): 3363

Max pressure during treatment (psi): 3140

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): 0.89

Total acid used in treatment (bbl): 12

Number of staged intervals: 1

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 1026

Fresh water used in treatment (bbl): 3351

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 260100

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: Operations Technician Date: 7/22/2013 Email: rtucker@bonanzacrk.com

Attachment Check List

Att Doc Num **Name**

400442203 FORM 5A SUBMITTED

400442207 WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group **Comment**

Comment Date

Total: 0 comment(s)