

**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



DE ET OE ES

Document Number:

401929844

Date Received:

02/22/2019

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: Kate Miller
Phone: (720) 440-6133
Fax: _____
Email: kmiller@bonanzacrk.com

5. API Number 05-123-47011-00
6. County: WELD
7. Well Name: North Platte
Well Number: F21-J24-28HNB
8. Location: QtrQtr: NESW Section: 21 Township: 5N Range: 63W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed IntervalFORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/05/2018 End Date: 12/11/2019 Date of First Production this formation: 01/20/2019
Perforations Top: 6748 Bottom: 11393 No. Holes: 888 Hole size: 41/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

37-stage plug-and-perf completion;
195799 total bbls fluid pumped: 195359 bbls fresh water (slurry) and 440 bbls 15% HCl acid;
9563600 total bbls fluid pumped: 9183240 lbs 30/50 Ottawa Sand and 380360 lbs 100 mesh.

This formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 195799Max pressure during treatment (psi): 6916

Total gas used in treatment (mcf): _____

Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: _____

Min frac gradient (psi/ft): 1.05Total acid used in treatment (bbl): 440Number of staged intervals: 37

Recycled water used in treatment (bbl): _____

Flowback volume recovered (bbl): 7924Fresh water used in treatment (bbl): 195359Disposition method for flowback: DISPOSALTotal proppant used (lbs): 9563600Rule 805 green completion techniques were utilized: ☒Reason why green completion not utilized: PIPELINE**Fracture stimulations must be reported on FracFocus.org****Test Information:**

Date: 01/28/2019 Hours: 24 Bbl oil: 509 Mcf Gas: 833 Bbl H2O: 935
Calculated 24 hour rate: Bbl oil: 509 Mcf Gas: 833 Bbl H2O: 935 GOR: 1637
Test Method: Flowing Casing PSI: 1264 Tubing PSI: 543 Choke Size: 9/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1 API Gravity Oil: 44
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6280 Tbg setting date: 01/11/2019 Packer Depth: 6280

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:

Actual Top of Production Zone location: Section 21, T5N, R63W, 4 feet FSL, 1664 feet FWL.

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

Signed: _____ Print Name: Aubrey Noonan

Title: Regulatory Analyst Date: 2/22/2019 Email : regulatory@bonanzacrk.com

Attachment Check List

Att Doc Num **Name**

401929844	FORM 5A SUBMITTED
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Total Attach: 1 Files

General Comments

User Group **Comment**

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)