

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) 892109



DE	ET	OE	ES
----	----	----	----

Document Number: 402427828

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: Kate Miller
 2. Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY Phone: (720) 4406116
 3. Address: 410 17TH STREET SUITE #1400 Fax: _____
 City: DENVER State: CO Zip: 80202 Email: regulatory@bonanzacrk.com

5. API Number 05-123-48262-00 6. County: WELD
 7. Well Name: Antelope Federal Well Number: 34-19-18XRLNC
 8. Location: QtrQtr: SESE Section: 19 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: 02/22/2020 End Date: 03/06/2020 Date of First Production this formation: 06/09/2020
 Perforations Top: 6826 Bottom: 16338 No. Holes: 2340 Hole size: 1/4

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

52-stage plug-and-perf completion; 578,167 total bbls fluid pumped: 577,554 bbls fresh water (slurry) and 613 bbls 15% HCl acid; 16,849,880 total lbs proppant pumped: 15,731,520 lbs 40/70 Ottawa Sand and 1,118,360 lbs 100 mesh.

This formation is commingled with another formation: Yes No
 Total fluid used in treatment (bbl): 578167 Max pressure during treatment (psi): 8011
 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): 0.94
 Total acid used in treatment (bbl): 613 Number of staged intervals: 52
 Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 6160
 Fresh water used in treatment (bbl): 577554 Disposition method for flowback: DISPOSAL
 Total proppant used (lbs): 16849880 Rule 805 green completion techniques were utilized:
 Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 06/12/2020 Hours: 24 Bbl oil: 331 Mcf Gas: 135 Bbl H2O: 252
 Calculated 24 hour rate: Bbl oil: 331 Mcf Gas: 135 Bbl H2O: 252 GOR: 407
 Test Method: Flowing Casing PSI: 10 Tubing PSI: 1051 Choke Size: 11/64
 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1285 API Gravity Oil: 42
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6323 Tbg setting date: 05/22/2020 Packer Depth: 6313

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 TPZ Location: 469 FSL 1723 FEL Section 19 T5N R62W

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

Signed: _____ Print Name: Blythe Befus

Title: Regulatory Analyst Date: _____ Email: regualtory@bonanzacrk.com

Attachment Check List

Att Doc Num **Name**

--	--

Total Attach: 0 Files

General Comments

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

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)