

FORM
5ARev
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:

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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
 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) 440-6116
 Fax:
 Email: regulatory@bonanzacrk.com

5. API Number 05-123-32882-00
 6. County: WELD
 7. Well Name: Antelope
 Well Number: 34-31
 8. Location: QtrQtr: SWSE Section: 31 Township: 5N Range: 62W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type:
 Treatment Date: End Date: Date of First Production this formation: 09/25/2011
 Perforations Top: 6566 Bottom: 6576 No. Holes: 40 Hole size:
 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: 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: A CIBP was set prior to MIT and the well will remain TA'd
 Date formation Abandoned: 09/10/2020 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt
 ** Bridge Plug Depth: 6250 ** Sacks cement on top: 4 ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA-CODELL Status: TEMPORARILY ABANDONED Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: 09/25/2011

Perforations Top: 6304 Bottom: 6576 No. Holes: 88 Hole size: 0.4

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: _____ 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: A CIBP was set prior to MIT and the well will remain TA'd

Date formation Abandoned: 09/10/2020 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt _____

** Bridge Plug Depth: 6250 ** Sacks cement on top: 4 ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: 09/25/2011

Perforations Top: 6304 Bottom: 6458 No. Holes: 48 Hole size: 0.4

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: _____ 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: A CIBP was set prior to MIT and the well will remain TA'd

Date formation Abandoned: 09/10/2020 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt _____

** Bridge Plug Depth: 6250 ** Sacks cement on top: 4 ** Wireline and Cement Job Summary must be attached.

Comment:

This well was TA'd due to a CBIP being set prior to MIT. Informal pressure test was taken after CIBP set. This well will remain TA'd until it is PA'd.

MIT was performed on 9/30/2020. Notice was submitted via Doc #402495060. MIT results will be submitted via a Form 21.

Operations summary attached to this form for reference.

Wireline ticket is attached to this form.

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: _____ Email: regulatory@bonanzacrk.com

Attachment Check List

Att Doc Num	Name
402487111	OPERATIONS SUMMARY
402502998	WIRELINE JOB SUMMARY

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)