

FORM  
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## 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:

402491268

Date Received:

10/05/2020

## 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 05-123-32892-00  
 6. County: WELD  
 7. Well Name: Antelope  
 Well Number: Q-31  
 8. Location: QtrQtr: SENE 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: 07/23/2011  
 Perforations Top: 6593 Bottom: 6601 No. Holes: 32 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: 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 until it is PA'd  
 Date formation Abandoned: 09/16/2020 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt  
 \*\* Bridge Plug Depth: 6266 \*\* 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: 07/23/2011

Perforations Top: 6332 Bottom: 6601 No. Holes: 80 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: \_\_\_\_\_ 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 until it is PA'd

Date formation Abandoned: 09/16/2020 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt \_\_\_\_\_

\*\* Bridge Plug Depth: 6266 \*\* 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: 07/23/2011

Perforations Top: 6332 Bottom: 6486 No. Holes: 48 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: \_\_\_\_\_ 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 until it is PA'd

Date formation Abandoned: 09/16/2020 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt \_\_\_\_\_

\*\* Bridge Plug Depth: 6266 \*\* 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.

MIT was performed on 9/30/2020. Notice was submitted via Doc #402495100. MIT results will be submitted via a Form 21.

Operations summary attached to this form for reference.

Wireline ticket is attached to this form.

This Form 5A is correcting the perf intervals for the NB-CD panel, number of holes on the CODL panel, and date (year) of first production.

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: 10/5/2020 Email: regulatory@bonanzacrk.com

### Attachment Check List

Att Doc Num	Name
402491268	FORM 5A SUBMITTED
402492531	OPERATIONS SUMMARY
402503124	WIRELINE JOB SUMMARY

Total Attach: 3 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	<ul style="list-style-type: none"><li>• Formation tops provided in TVD on original Form 5; requested in MD on 10/8/2020 to verify producing intervals; all else ready to pass.</li><li>• "Date Formation Abandoned" corrected from 9/17/2020 to 9/16/2020 per attached wireline and operations summaries.</li></ul>	10/08/2020

Total: 1 comment(s)