

FORM
5A

Rev
09/20

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 892109



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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: <u>8960</u>	4. Contact Name: <u>Kate Miller</u>
2. Name of Operator: <u>BONANZA CREEK ENERGY OPERATING COMPANY</u>	Phone: <u>(720) 440-6116</u>
3. Address: <u>410 17TH STREET SUITE #1400</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>regulatory@bonanzacr.com</u>

5. API Number <u>05-123-50288-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>STATE ANTELOPE</u>	Well Number: <u>V-B-13HNB</u>
8. Location: QtrQtr: <u>SENE</u> Section: <u>13</u> Township: <u>5N</u> Range: <u>62W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 05/10/2021 End Date: 05/20/2021 Date this Formation was Completed: 06/12/2021

Perforations Top: 6629 Bottom: 11269 No. Holes: 936 Hole size: 0.3 Open Hole:

Describe the Formation Treatment, including the following: type of fluid used (gel, slickwater, etc.), type and concentration of acid used (HCl, HF, etc.), types and amounts of proppant(s) used, depth details of multiple zones, and method used to determine flowback volume.

Niobrara frac'd with 283,720 bbls of fluids: 310 bbls 15% HCl, 4,056 bbls Treated Water (Recycled), 279,354 bbls slickwater; Proppants: 3,182,005 lbs 40/70 White Sand, 4,679,370 lbs 100 mesh

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 283720 Max pressure during treatment (psi): 8408

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): 0.96

Total acid used in treatment (bbl): 310 Number of staged intervals: 26

Recycled or Reused Fluids used in treatment (bbl): 4056 Flowback volume recovered (bbl): 3966

Fresh water used in treatment (bbl): 279354 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 7861375

Fracture stimulations must be reported on FracFocus.org

Test Information:

06/27/2021 Hours: 24 Bbl oil: 218 Mcf Gas: 46 Bbl H2O: 219

Calculated 24 hour rate: Bbl oil: 218 Mcf Gas: 46 Bbl H2O: 219 GOR: 211

Test Method: Flowing Casing PSI: 896 Tubing PSI: 1007 Choke Size: 7/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1309 API Gravity Oil: 41

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6303 Tbg setting date: 06/03/2021 Packer Depth: 6294

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: 1643' FNL and 501' FEL Section 13 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: Aubrey Noonan

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

Attachment List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)