

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) 894-2109



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

Document Number:
403121507

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: Elaine Winick
Phone: (303) 294-7806
Fax: _____
Email: ewinick@civiresources.com

5. API Number 05-123-51161-00
6. County: WELD
7. Well Name: STATE ANTELOPE
Well Number: 34-31-30XRLNC
8. Location: QtrQtr: SWSE Section: 31 Township: 5N Range: 62W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 07/11/2022 End Date: 07/20/2022 Date this Formation was Completed: 08/30/2022

Perforations Top: 6770 Bottom: 16576 No. Holes: 2508 Hole size: 26/100 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.

Frac'd Niobrara with 57 stage plug and perf:
11343550 total pounds proppant pumped: 7901045 pounds 40/70 mesh; 3442505 pounds 100 mesh.
526106 total bbls fluid pumped: 506239 bbls gelled fluid; 19182 bbls fresh water and 685 bbls 15% HCl Acid.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 526106 Max pressure during treatment (psi): 8929

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.30

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.93

Total acid used in treatment (bbl): 685 Number of staged intervals: 57

Recycled or Reused Fluids used in treatment (bbl): _____ Flowback volume recovered (bbl): 0

Fresh water used in treatment (bbl): 19182 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 11343550

Fracture stimulations must be reported on FracFocus.org

Test Information:

09/10/2022 Hours: 24 Bbl oil: 210 Mcf Gas: 121 Bbl H2O: 139
Date Calculated 24 hour rate: Bbl oil: 210 Mcf Gas: 121 Bbl H2O: 139 GOR: 576
Test Method: flowing Casing PSI: 349 Tubing PSI: 943 Choke Size: 12/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1320 API Gravity Oil: 39
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6532 Tbg setting date: 08/25/2022 Packer Depth: 6530

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:

TPZ: 20 FSL & 1901 FEL

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

Signed: _____ Print Name: Elaine Winick

Title: Completions Tech Date: _____ Email ewinick@civiresources.com

Attachment List

Att Doc Num	Name
403181033	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
--	--	---------------------

Total: 0 comment(s)