

FORM  
5A

Rev  
09/20

State of Colorado

Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:  
403382909

Date Received:  
06/29/2023

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>Elaine Winick</u>
2. Name of Operator: <u>BONANZA CREEK ENERGY OPERATING COMPANY</u>	Phone: <u>(303) 294-7806</u>
3. Address: <u>555 17TH STREET SUITE 3700</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>ewinick@civiresources.com</u>

5. API Number <u>05-123-51723-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>State Antelope</u>	Well Number: <u>13-43-2HN</u>
8. Location: QtrQtr: <u>SWNW</u> Section: <u>2</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: 03/30/2023 End Date: 04/07/2023 Date this Formation was Completed: 06/02/2023

Perforations Top: 6840 Bottom: 11380 No. Holes: 1012 Hole size: 36/100 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 23 stage plug and perf:  
7403530 total pounds proppant pumped: 4531685 pounds 40/70 mesh; 2871845 pounds 100 mesh;  
256308 total bbls fluid pumped: 250695 bbls gelled fluid; 5316 bbls fresh water and 297 bbls 15% HCl Acid.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 256308 Max pressure during treatment (psi): 8608

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): 297 Number of staged intervals: 23

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

Fresh water used in treatment (bbl): 5316 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 7403530

**Fracture stimulations must be reported on FracFocus.org**

### Test Information:

06/17/2023 Hours: 24 Bbl oil: 218 Mcf Gas: 127 Bbl H2O: 166  
Date: 06/17/2023 Calculated 24 hour rate: Bbl oil: 218 Mcf Gas: 127 Bbl H2O: 166 GOR: 583  
Test Method: FLOWING Casing PSI: 918 Tubing PSI: 536 Choke Size: 18/64  
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1310 API Gravity Oil: 39  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6388 Tbg setting date: 05/17/2023 Packer Depth: 6386

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: 2527 FSL & 421 FWL

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: 6/29/2023 Email: ewinick@civiresources.com

## Attachment List

Att Doc Num	Name
403382909	FORM 5A SUBMITTED
403442969	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	TPZ footages corrected to as-completed footages in Well Update per operator comment on Form 5A.	11/29/2023

Total: 1 comment(s)