

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



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

Document Number:
403914418

Date Received:
10/22/2024

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. ECMC 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) 2947806</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>05-123-52467-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>State North Platte F-36 Fed</u>	Well Number: <u>25N-20-07</u>
8. Location: QtrQtr: <u>NWNW</u> Section: <u>36</u> Township: <u>5N</u> Range: <u>63W</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: 08/02/2024 End Date: 08/21/2024 Date this Formation was Completed: 10/01/2024

Perforations Top: 7820 Bottom: 17399 No. Holes: 3192 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.

Niobrara Frac'd with 50 stage plug and perf:
16256581 total pounds proppant pumped: 9140566 pounds 40/70 mesh; 7116015 pounds 100 mesh;
559545 total bbls fluid pumped: 539335 bbls gelled fluid; 20188 bbls fresh water and 22 bbls 15% HCl Acid.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 559545 Max pressure during treatment (psi): 8865

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): 0.97

Total acid used in treatment (bbl): 22 Number of staged intervals: 50

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

Fresh water used in treatment (bbl): 20188 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 16256581

Fracture stimulations must be reported on FracFocus.org

Test Information:

10/11/2024 Hours: 24 Bbl oil: 497 Mcf Gas: 439 Bbl H2O: 753
Date: 10/11/2024 Calculated 24 hour rate: Bbl oil: 497 Mcf Gas: 439 Bbl H2O: 753 GOR: 883
Test Method: flowing Casing PSI: 643 Tubing PSI: 1109 Choke Size: 20/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1300 API Gravity Oil: 44
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7384 Tbg setting date: 09/25/2024 Packer Depth: 7382

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 485 FSL & 893 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: 10/22/2024 Email: ewinick@civiresources.com

ATTACHMENT LIST

Att Doc Num	Name
403914418	FORM 5A SUBMITTED
403961673	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Passes Permitting	01/23/2025

Total: 1 comment(s)