

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:

403914420

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>05-123-52464-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>State North Platte F-36 Fed</u>	Well Number: <u>25N-20-08</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: 08/20/2024 Date this Formation was Completed: 10/01/2024

Perforations Top: 8080 Bottom: 17637 No. Holes: 2930 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 47 stage plug and perf:  
16246409 total pounds proppant pumped: 7876619 pounds 40/70 mesh; 8369790 pounds 100 mesh;  
555631 total bbls fluid pumped: 536268 bbls gelled fluid; 19341 bbls fresh water and 22 bbls 15% HCl Acid.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 555631 Max pressure during treatment (psi): 8917

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): 0.79

Total acid used in treatment (bbl): 22 Number of staged intervals: 47

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

Fresh water used in treatment (bbl): 19341 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 16246409

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

### Test Information:

10/11/2024 Hours: 24 Bbl oil: 499 Mcf Gas: 427 Bbl H2O: 883  
Calculated 24 hour rate: Bbl oil: 499 Mcf Gas: 427 Bbl H2O: 883 GOR: 856  
Test Method: flowing Casing PSI: 575 Tubing PSI: 1011 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: 7667 Tbg setting date: 09/26/2024 Packer Depth: 7665

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 490 FSL & 356 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
403914420	FORM 5A SUBMITTED
403962772	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	Passes Permitting	01/23/2025

Total: 1 comment(s)