

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:
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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. 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) 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>05-123-51895-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>State Seventy Holes</u>	Well Number: <u>P41-T44-4HN</u>
8. Location: QtrQtr: <u>NWNE</u> Section: <u>3</u> Township: <u>4N</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: 01/14/2025 End Date: 01/17/2025 Date this Formation was Completed: 04/01/2025

Perforations Top: 7641 Bottom: 12049 No. Holes: 1429 Hole size: 35/100 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 22 stage plug and perf:
7501205 total pounds proppant pumped: 0 pounds 40/70 mesh; 7501205 pounds 100 mesh;
245618 total bbls fluid pumped: 239359 bbls gelled fluid; 5997 bbls fresh water and 261 bbls 15% HCl Acid.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 245618 Max pressure during treatment (psi): 8709

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): 0.85

Total acid used in treatment (bbl): 261 Number of staged intervals: 22

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

Fresh water used in treatment (bbl): 5997 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 7501205

Fracture stimulations must be reported on FracFocus.org

Test Information:

04/12/2025 Hours: 24 Bbl oil: 168 Mcf Gas: 113 Bbl H2O: 366
Date Calculated 24 hour rate: Bbl oil: 168 Mcf Gas: 113 Bbl H2O: 366 GOR: 673
Test Method: flowing Casing PSI: 77 Tubing PSI: 468 Choke Size: 18/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1300 API Gravity Oil: 38
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7265 Tbg setting date: 02/06/2025 Packer Depth: 7263

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 479 FNL & 637 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**

404172836	WELLBORE DIAGRAM
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Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)