

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: 8960
2. Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY
3. Address: 555 17TH STREET SUITE 3700
City: DENVER State: CO Zip: 80202
4. Contact Name: Elaine Winick
Phone: (303) 294-7806
Fax: _____
Email: ewinick@civiresources.com

5. API Number 05-123-52192-00
6. County: WELD
7. Well Name: State Seventy Holes
Well Number: U-Y-10HNXRL
8. Location: QtrQtr: NWNE Section: 3 Township: 4N Range: 62W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 01/01/2025 End Date: 01/14/2025 Date this Formation was Completed: 04/01/2025

Perforations Top: 6800 Bottom: 16752 No. Holes: 3442 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 47 stage plug and perf:
16914751 total pounds proppant pumped: 0 pounds 40/70 mesh; 16914751 pounds 100 mesh;
563500 total bbls fluid pumped: 543889 bbls gelled fluid; 19053 bbls fresh water and 558 bbls 15% HCl Acid.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 563500 Max pressure during treatment (psi): 8562

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): 0.89

Total acid used in treatment (bbl): 558 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): 19053 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 16914751

Fracture stimulations must be reported on FracFocus.org

Test Information:

04/12/2025 Hours: 24 Bbl oil: 214 Mcf Gas: 137 Bbl H2O: 490

Calculated 24 hour rate: Bbl oil: 214 Mcf Gas: 137 Bbl H2O: 490 GOR: 640

Test Method: FLOWING Casing PSI: 259 Tubing PSI: 610 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: 6567 Tbg setting date: 02/04/2025 Packer Depth: 6565

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 350 FNL & 182 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
404172844	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)