

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:
404076108

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>05-123-52193-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>State Seventy Holes</u>	Well Number: <u>Y-E-10HNXRL</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: 01/01/2025 End Date: 01/14/2025 Date this Formation was Completed: 04/01/2025

Perforations Top: 8831 Bottom: 18654 No. Holes: 3445 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 49 stage plug and perf:
16704360 total pounds proppant pumped: 0 pounds 40/70 mesh; 16704360 pounds 100 mesh;
560132 total bbls fluid pumped: 538775 bbls gelled fluid; 20775 bbls fresh water and 582 bbls 15% HCl Acid.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 560132 Max pressure during treatment (psi): 9411

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): 0.93

Total acid used in treatment (bbl): 582 Number of staged intervals: 49

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

Fresh water used in treatment (bbl): 20775 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 16704360

Fracture stimulations must be reported on FracFocus.org

Test Information:

<u>04/12/2025</u>	Hours: <u>24</u>	Bbl oil: <u>202</u>	Mcf Gas: <u>129</u>	Bbl H2O: <u>399</u>
Calculated 24 hour rate:	Bbl oil: <u>202</u>	Mcf Gas: <u>129</u>	Bbl H2O: <u>399</u>	GOR: <u>639</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>190</u>	Tubing PSI: <u>517</u>	Choke Size: <u>18/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	Btu Gas: <u>1300</u>	API Gravity Oil: <u>38</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>8340</u>	Tbg setting date: <u>02/03/2025</u>	Packer Depth: <u>8338</u>	

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:

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
404172849	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)