

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:

404172443

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) 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>05-123-52777-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>PH FENRIR F16</u>	Well Number: <u>08N-20-03</u>
8. Location: QtrQtr: <u>NENW</u> Section: <u>16</u> Township: <u>5N</u> Range: <u>61W</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: 04/24/2025 End Date: 05/06/2025 Date this Formation was Completed: 06/18/2025

Perforations Top: 6720 Bottom: 16842 No. Holes: 3353 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 54 stage plug and perf:  
17217146 total pounds proppant pumped: 17217146 pounds 100 mesh;  
569643 total bbls fluid pumped: 548823 bbls gelled fluid; 20178 bbls fresh water and 642 bbls 15% HCl Acid.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 569643 Max pressure during treatment (psi): 9275

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): 642 Number of staged intervals: 54

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

Fresh water used in treatment (bbl): 20178 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 17217146

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

### Test Information:

06/30/2025 Hours: 24 Bbl oil: 84 Mcf Gas: 99 Bbl H2O: 1349

Calculated 24 hour rate: Bbl oil: 84 Mcf Gas: 99 Bbl H2O: 1349 GOR: 1179

Test Method: flowing Casing PSI: 641 Tubing PSI: 670 Choke Size: 22/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1361 API Gravity Oil: 39

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6453 Tbg setting date: 06/10/2025 Packer Depth: 6452

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 220 FSL & 28 FWL

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
404285418	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)