

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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404291818

Date Received:

COMPLETED INTERVAL REPORT

The Completed Interval Report, Form 5A, will be submitted by the Operator within thirty (30) days after the operations listed in Rule 416.a. The Operator will report the details of any Stimulation performed including, but not limited to, Hydraulic Fracturing Treatment and acidizing Stimulation. In order to resolve completed interval information uncertainties, the Director may require an Operator to submit further information in an additional Form 5A.

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 05-123-52782-00

6. County: WELD

7. Well Name: PH TITAN T4 Well Number: 03N-20-05

8. Location: QtrQtr: SESE Section: 4 Township: 5N Range: 61W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

10. If Directional, footage at Top of Prod. Zone: 112 Feet FSL 462 Feet FWL  
Sec: 3 Twp: 5N Rng: 61W

## Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 06/02/2025 End Date: 06/28/2025 Date this Formation was Completed: 08/12/2025

Perforations Top: 6865 Bottom: 17140 No. Holes: 3162 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 50 stage plug and perf:  
15759560 total pounds proppant pumped: 537980 pounds 40/70 mesh; 15221580 pounds 100 mesh;  
526341 total bbls fluid pumped: 507688 bbls gelled fluid; 18059 bbls fresh water and 594 bbls 15% HCl Acid.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 526341 Max pressure during treatment (psi): 9052

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): 0.87

Total acid used in treatment (bbl): 594 Number of staged intervals: 50

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

Fresh water used in treatment (bbl): 18059 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 15759560

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

### Test Information:

08/25/2025 Hours: 24 Bbl oil: 194 Mcf Gas: 129 Bbl H2O: 912  
Date simulated 24 hour rate: Bbl oil: 194 Mcf Gas: 129 Bbl H2O: 912 GOR: 665  
Test Method: FLOWING Casing PSI: 456 Tubing PSI: 619 Choke Size: 26/64  
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1312 API Gravity Oil: 38  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6534 Tbg setting date: 07/25/2025 Packer Depth: 6532

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
404341331	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)