

FORM  
5A

Rev  
06/12

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

2170693

Date Received:

08/17/2012

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. OGCC Operator Number: 8960

2. Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY

3. Address: 410 17TH STREET SUITE #1400

City: DENVER State: CO Zip: 80202

4. Contact Name: RUSSEL SCHUCKER

Phone: (720) 440-6100

Fax: (720) 279-2331

5. API Number 05-123-34807-00

7. Well Name: PRONGHORN

8. Location: QtrQtr: Lot 4 Section: 7 Township: 5N Range: 61W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 14-11-7HZ

### Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/14/2012 End Date: 03/14/2012 Date of First Production this formation: 03/29/2011

Perforations Top: 6600 Bottom: 10619 No. Holes: 0 Hole size: \_\_\_\_\_

Provide a brief summary of the formation treatment:

Open Hole: ☐

NIOBRARA HORIZONTAL 16 INTERVAL PHASER FRAC PUMPED A TOTAL OF 261,366 GAL OF PAD FLUID, PUMPED 2,033,850 GAL OF SLF WITH 160,282# OF 40/70 SAND; 3,326,720 # 30/50 SAND AND 256,580 RESIN (.5-4PPG). FINAL ISDP 28723PSI, AVG PRESSURE 4359 PSI, AND AVERAGE RATE 45 BPM. LINER TOP 5598, SLEEVES AT 10619, 10324, 10074, 9779, 9528, 9322, 9116, 8865, 8570, 8276, 7982, 7687, 7394, 7100, 6849, 6600

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 54648

Max pressure during treatment (psi): 5352

Total gas used in treatment (mcf): \_\_\_\_\_

Fluid density at initial fracture (lbs/gal): 0.50

Type of gas used in treatment: \_\_\_\_\_

Min frac gradient (psi/ft): 0.90

Total acid used in treatment (bbl): \_\_\_\_\_

Number of staged intervals: 16

Recycled water used in treatment (bbl): \_\_\_\_\_

Flowback volume recovered (bbl): 16700

Fresh water used in treatment (bbl): 52000

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 3743582

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: \_\_\_\_\_

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

#### Test Information:

Date: 04/26/2012 Hours: 24 Bbl oil: 247 Mcf Gas: 220 Bbl H2O: 45

Calculated 24 hour rate: Bbl oil: 247 Mcf Gas: 220 Bbl H2O: 45 GOR: 890

Test Method: FLOWING Casing PSI: 230 Tubing PSI: 230 Choke Size: 18/34

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1351 API Gravity Oil: 37

Tubing Size: 2 + 7/8 Tubing Setting Depth: 5559 Tbg setting date: 04/21/2012 Packer Depth: \_\_\_\_\_

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: ROBERT TUCKER

Title: ENGINEERING TECH Date: 8/15/2012 Email: RTUCKER@BONANZACRK.COM

#### Attachment Check List

Att Doc Num	Name
2170693	FORM 5A SUBMITTED
2170694	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

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Total: 0 comment(s)