

FORM
5ARev
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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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. OGCC Operator Number: 8960 4. Contact Name: Olga Chikaloff
 2. Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY Phone: (720) 440-6100
 3. Address: 410 17TH STREET SUITE #1400 Fax: (720) 279-2331
 City: DENVER State: CO Zip: 80202 Email: ochikaloff@bonanzacrk.com

5. API Number 05-123-41071-00 6. County: WELD
 7. Well Name: State Antelope Well Number: A-U-2HNB
 8. Location: QtrQtr: Lot 4 Section: 2 Township: 5N Range: 62W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATIONTreatment Date: 04/04/2015 End Date: 04/05/2015 Date of First Production this formation: 04/20/2015Perforations Top: 6916 Bottom: 10967 No. Holes: _____ Hole size: _____Provide a brief summary of the formation treatment: Open Hole: ☒

25 Stage Niobrara pumped a total of 60,243 bbls of fluid (Phazer) and 3,749,080 # of sand (40/70 Ottawa, 30/50 Ottawa); ATP 4,260 psi, ATR 50.00 bpm, Final ISDP 3,144 psi; completed with sliding sleeves and casing packers.

This formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 60243 Max pressure during treatment (psi): 5199Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.33Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.94Total acid used in treatment (bbl): _____ Number of staged intervals: 25Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 7719Fresh water used in treatment (bbl): 60243 Disposition method for flowback: DISPOSALTotal proppant used (lbs): 3749080 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/21/2015 Hours: 72 Bbl oil: 399 Mcf Gas: 342 Bbl H2O: 2016Calculated 24 hour rate: Bbl oil: 133 Mcf Gas: 114 Bbl H2O: 672 GOR: 857Test Method: Flowing Casing PSI: 1050 Tubing PSI: 430 Choke Size: 16/64Gas Disposition: SOLD Gas Type: WET Btu Gas: 1311 API Gravity Oil: 43Tubing Size: 2 + 3/8 Tubing Setting Depth: 6569 Tbg setting date: 04/13/2015 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:

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I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Olga Chikaloff

Title: Engineering Technician Date: _____ Email: ochikaloff@bonanzacrk.com
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Attachment Check List

Att Doc Num **Name**

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Total Attach: 0 Files

General Comments

User Group **Comment** **Comment Date**

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