

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:

401943232

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
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: Russell Schucker
Phone: (303) 478-6774
Fax:
Email: regulatory@bonanzacrk.com

5. API Number 05-123-27148-00
6. County: WELD
7. Well Name: Antelope
Well Number: 41-19
8. Location: QtrQtr: NENE Section: 19 Township: 5N Range: 62W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION
Treatment Date: 11/13/2010 End Date: 11/13/2010 Date of First Production this formation: 12/02/2010
Perforations Top: 6688 Bottom: 6698 No. Holes: 40 Hole size: 0.4
Provide a brief summary of the formation treatment: Open Hole: ☐
This formation is commingled with another formation: ☒ Yes ☐ No
Total fluid used in treatment (bbl): Max pressure during treatment (psi):
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):
Type of gas used in treatment: Min frac gradient (psi/ft):
Total acid used in treatment (bbl): Number of staged intervals:
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): Disposition method for flowback:
Total proppant used (lbs): Rule 805 green completion techniques were utilized: ☐
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:
Test Method: Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:
Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:
Reason for Non-Production: This well was TA'd due to offset frac.
Date formation Abandoned: 02/01/2019 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt
** Bridge Plug Depth: 6360 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA-CODELL Status: TEMPORARILY ABANDONED Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/13/2010 End Date: 11/13/2010 Date of First Production this formation: 12/02/2010

Perforations Top: 6436 Bottom: 6698 No. Holes: 100 Hole size: 0.4

Provide a brief summary of the formation treatment: Open Hole: ☐

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

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

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____

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

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____

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

Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: This well was TA'd due to offset frac.

Date formation Abandoned: 02/01/2019 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt _____

** Bridge Plug Depth: 6360 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/13/2010 End Date: 11/13/2010 Date of First Production this formation: 12/02/2010

Perforations Top: 6436 Bottom: 6444 No. Holes: 60 Hole size: 0.4

Provide a brief summary of the formation treatment:

Open Hole: ☐

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

Total fluid used in treatment (bbl):

Max pressure during treatment (psi):

Total gas used in treatment (mcf):

Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment:

Min frac gradient (psi/ft):

Total acid used in treatment (bbl):

Number of staged intervals:

Recycled water used in treatment (bbl):

Flowback volume recovered (bbl):

Fresh water used in treatment (bbl):

Disposition method for flowback:

Total proppant used (lbs):

Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:

Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production: This well was TA'd due to offset frac.

Date formation Abandoned: 02/01/2019 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt

** Bridge Plug Depth: 6360 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

Comment:

This well was TA due to offset well frac. The form added panels in order to clean up the well file scout card.

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

Signed: Print Name: Aubrey Noonan

Title: Regulatory Analyst Date: Email: regulatory@bonanzacrk.com

Attachment Check List

Att Doc Num **Name**

401943247 WIRELINE JOB SUMMARY

Total Attach: 1 Files

General Comments

User Group **Comment**

Comment Date

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)