

FORM  
5A

Rev  
09/20

## 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:

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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

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: Elaine Winick

Phone: (303) 294-7806

Fax:

Email: ewinick@civiresources.com

5. API Number 05-123-51728-00

7. Well Name: State Antelope

8. Location: QtrQtr: SWNW Section: 2 Township: 5N Range: 62W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 42-12-3HN

## Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING  
Treatment Date: 03/30/2023 End Date: 04/07/2023 Date this Formation was Completed: 06/01/2023  
Perforations Top: 6652 Bottom: 11707 No. Holes: 1232 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.

Frac'd Niobrara with 28 stage plug and perf:  
8241041 total pounds proppant pumped: 5209506 pounds 40/70 mesh; 3031535 pounds 100 mesh;  
288170 total bbls fluid pumped: 281717 bbls gelled fluid; 6097 bbls fresh water and 356 bbls 15% HCl Acid.

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

Total fluid used in treatment (bbl): 288170 Max pressure during treatment (psi): 8939  
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.30  
Type of gas used in treatment: \_\_\_\_\_ Min frac gradient (psi/ft): 0.90  
Total acid used in treatment (bbl): 356 Number of staged intervals: 28  
Recycled or Reused Fluids used in treatment (bbl): 0 Flowback volume recovered (bbl): 0  
Fresh water used in treatment (bbl): 6097 Disposition method for flowback: DISPOSAL  
Total proppant used (lbs): 8241041

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

### Test Information:

06/17/2023 Hours: 24 Bbl oil: 235 Mcf Gas: 133 Bbl H2O: 564  
Date Calculated 24 hour rate: Bbl oil: 235 Mcf Gas: 133 Bbl H2O: 564 GOR: 566  
Test Method: flowing Casing PSI: 319 Tubing PSI: 680 Choke Size: 18/64  
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1310 API Gravity Oil: 39  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6375 Tbg setting date: 05/17/2023 Packer Depth: 6372  
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: 2037 FNL & 189 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  
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## Attachment List

**Att Doc Num** **Name**

403443024 WELLBORE DIAGRAM

Total Attach: 1 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)