

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:

403382917

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 05-123-51722-00
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: C13-W43-2HN

Completed Interval

FORMATION: NIORARA 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: 6879 Bottom: 11623 No. Holes: 1144 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 26 stage plug and perf:
7751156 total pounds proppant pumped: 4551056 pounds 40/70 mesh; 3200100 pounds 100 mesh;
268906 total bbls fluid pumped: 262215 bbls gelled fluid; 6358 bbls fresh water and 333 bbls 15% HCl Acid.

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

Total fluid used in treatment (bbl): 268906 Max pressure during treatment (psi): 8730
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): 0.89
Total acid used in treatment (bbl): 333 Number of staged intervals: 26
Recycled or Reused Fluids used in treatment (bbl): 0 Flowback volume recovered (bbl): 0
Fresh water used in treatment (bbl): 6358 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 7751156

Fracture stimulations must be reported on FracFocus.org

Test Information:

06/17/2023 Hours: 24 Bbl oil: 176 Mcf Gas: 106 Bbl H2O: 256
Calculated 24 hour rate: Bbl oil: 176 Mcf Gas: 106 Bbl H2O: 256 GOR: 602
Test Method: flowing Casing PSI: 971 Tubing PSI: 559 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: 6632 Tbg setting date: 05/19/2023 Packer Depth: 6629
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 1937 FSL & 190 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**

403445811 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)