

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:

403382921

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 05-123-51726-00

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: W-C-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: 6683 Bottom: 11284 No. Holes: 1100 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 25 stage plug and perf:
7501065 total pounds proppant pumped: 4313005 pounds 40/70 mesh; 3188060 pounds 100 mesh;
260756 total bbls fluid pumped: 254669 bbls gelled fluid; 5766 bbls fresh water and 321 bbls 15% HCl Acid.

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

Total fluid used in treatment (bbl): 260756 Max pressure during treatment (psi): 8905
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): 0.94
Total acid used in treatment (bbl): 321 Number of staged intervals: 25
Recycled or Reused Fluids used in treatment (bbl): 0 Flowback volume recovered (bbl): 0
Fresh water used in treatment (bbl): 5766 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 7501065

Fracture stimulations must be reported on FracFocus.org

Test Information:

06/17/2023 Hours: 24 Bbl oil: 259 Mcf Gas: 162 Bbl H2O: 548
Date Calculated 24 hour rate: Bbl oil: 259 Mcf Gas: 162 Bbl H2O: 548 GOR: 625
Test Method: flowing Casing PSI: 350 Tubing PSI: 690 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: 6287 Tbg setting date: 05/17/2023 Packer Depth: 6284
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 2680 FNL & 277 FEL

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**

403446216 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)