

FORM
5A

Rev
09/20

State of Colorado

Energy & Carbon Management 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. ECMC Operator Number: 8960

2. Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY

3. Address: 555 17TH STREET SUITE 3700

City: DENVER State: CO Zip: 80202

4. Contact Name: Elaine Winick

Phone: (303) 2947806

Fax:

Email: ewinick@civiresources.com

5. API Number 05-123-52462-00

7. Well Name: State North Platte F-36 Fed

8. Location: QtrQtr: NWNW Section: 36 Township: 5N Range: 63W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 25N-30-05

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING
Treatment Date: 08/02/2024 End Date: 08/21/2024 Date this Formation was Completed: 10/01/2024
Perforations Top: 7180 Bottom: 22141 No. Holes: 5078 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.

Niobrara Frac'd with 81 stage plug and perf:
25407216 total pounds proppant pumped: 12774703 pounds 40/70 mesh; 12632513 pounds 100 mesh;
887820 total bbls fluid pumped: 850004 bbls gelled fluid; 37781 bbls fresh water and 35 bbls 15% HCl Acid.

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

Total fluid used in treatment (bbl): 887820 Max pressure during treatment (psi): 9025
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.34
Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.54
Total acid used in treatment (bbl): 35 Number of staged intervals: 81
Recycled or Reused Fluids used in treatment (bbl): 0 Flowback volume recovered (bbl): 0
Fresh water used in treatment (bbl): 37781 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 25407216

Fracture stimulations must be reported on FracFocus.org

Test Information:

10/11/2024 Hours: 24 Bbl oil: 302 Mcf Gas: 199 Bbl H2O: 817
Calculated 24 hour rate: Bbl oil: 302 Mcf Gas: 199 Bbl H2O: 817 GOR: 659
Test Method: flowing Casing PSI: 411 Tubing PSI: 837 Choke Size: 20/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1300 API Gravity Oil: 44
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6841 Tbg setting date: 09/24/2024 Packer Depth: 6840
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 485 FSL & 2215 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
:

ATTACHMENT LIST

Att Doc Num **Name**

403961682 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)