

FORM  
5A

Rev  
02/08

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

2510209

**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 4. Contact Name: KERRY MCCOWEN  
2. Name of Operator: BONANZA CREEK ENERGY OPERATING COMPAN Phone: (720) 279-2330  
3. Address: P O BOX 21974 Fax: (720) 279-2331  
City: BAKERSFIELD State: CA Zip: 93390

5. API Number 05-123-30508-00 6. County: WELD  
7. Well Name: NORTH PLATTE Well Number: 24C  
8. Location: QtrQtr: SESW Section: 24 Township: 5N Range: 63W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>06/18/2010</u>	Date of First Production this formation: <u>06/26/2010</u>
Perforations Top: <u>6272</u> Bottom: <u>6534</u>	No. Holes: <u>100</u> Hole size: <u>41/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
CODELL PUMPED A TOTAL OF 32,012 GALS OF PAD FLUID. PUMP 97,894 GALS OF 22# TO 20# VISTAR WITH 246,050 LBS OF 20/40 1-4 PPG). FINAL ISDP=3,114 PSI, AVE PRESS=3,907 PSI; AVE. RATE=22.3 BPM. NIOBRARA PUMPED A TOAL OF 29,450 GALS OF SLICKWATER; 113,526 GAL 18# VISTAR WITH 260,420# OF 30/50 SAND (1-4 PPG). FINAL ISDP=3,120PSI; AVE PRESS=3,887 PSI, AVE. RATE=50.9 BPM.	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>06/26/2010</u> Hours: <u>24</u> Bbls oil: <u>67</u> Mcf Gas: <u>39</u> Bbls H2O: <u>13</u>	
Calculated 24 hour rate: Bbls oil: <u>67</u> Mcf Gas: <u>39</u> Bbls H2O: <u>13</u> GOR: <u>        </u>	
Test Method: <u>flowing</u> Casing PSI: <u>        </u> Tubing PSI: <u>        </u> Choke Size: <u>18/6</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1311</u> API Gravity Oil: <u>41</u>	
Tubing Size: <u>        </u> Tubing Setting Depth: <u>        </u> Tbg setting date: <u>        </u> Packer Depth: <u>        </u>	
Reason for Non-Production: <u>        </u>	
Date formation Abandoned: <u>        </u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u>        </u>	
Bridge Plug Depth: <u>        </u> Sacks cement on top: <u>        </u>	

Comment:

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

Signed: \_\_\_\_\_

Print Name: KERRY A. MCCOWEN

Title: VP OPERATIONS

Date: 7/15/2010

Email KAM@BONANZACRK.COM

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Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_

*David S. Neslin*

Director of COGCC

Date: 11/24/2010

### **Attachment Check List**

Att Doc Num	Name
2510209	FORM 5A SUBMITTED
2510210	WELLBORE DIAGRAM

Total Attach: 2 Files

### **General Comments**

**User Group**

**Comment**

**Comment Date**

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Total: 0 comment(s)