

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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COMPLETED INTERVAL REPORT

Document Number:

2510209

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: NIOBRARA-CODELL Status: PRODUCING
 Treatment Date: 06/18/2010 Date of First Production this formation: 06/26/2010
 Perforations Top: 6272 Bottom: 6534 No. Holes: 100 Hole size: 41/100
 Provide a brief summary of the formation treatment: Open Hole:
 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: Yes No
Test Information:
 Date: 06/26/2010 Hours: 24 Bbls oil: 67 Mcf Gas: 39 Bbls H2O: 13
 Calculated 24 hour rate: Bbls oil: 67 Mcf Gas: 39 Bbls H2O: 13 GOR: _____
 Test Method: flowing Casing PSI: _____ Tubing PSI: _____ Choke Size: 18/6
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1311 API Gravity Oil: 41
 Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____
 Reason for Non-Production:

 Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____
 Bridge Plug Depth: _____ Sacks cement on top: _____

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

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)