

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

2511858

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 MCGOWEN
 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 05-123-30740-00 6. County: WELD
 7. Well Name: GUTTERSEN RANCH Well Number: 9I
 8. Location: QtrQtr: NWSE Section: 9 Township: 4N Range: 63W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
 Treatment Date: 07/02/2010 Date of First Production this formation: 07/09/2010
 Perforations Top: 6430 Bottom: 6706 No. Holes: 48 Hole size: 41/100
 Provide a brief summary of the formation treatment: Open Hole:
 CODELL PUMPED A TOTAL OF 32,008 GAL PAD FLUID. PUMP 98,490 GAL PHASER W/ 245,000 LBS OF 20/40 SAND. FINAL ISDP 3487 PSI (0.95 FG), AVG RATE 21.8 BPM, AVG PRESSURE 3671 PSI. NIOBRARA PUMPED A TOTAL OF 32,269 GAL PAD FLUID. PUMP 110,657 GAL 22# PHASER W/ 260,600 LBS OF 30/50 SAND. FINAL ISDP 3726 PSI (1.0 FG), AVG RATE 50.1 BPM, AVG PRESSURE 4320 PSI.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 07/17/2010 Hours: 24 Bbls oil: 69 Mcf Gas: 111 Bbls H2O: 12
 Calculated 24 hour rate: Bbls oil: 69 Mcf Gas: 111 Bbls H2O: 12 GOR: _____
 Test Method: FLOWING Casing PSI: 900 Tubing PSI: _____ Choke Size: 18/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1311 API Gravity Oil: 43
 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 MCGOWEN

Title: VP OPERATIONS

Date: 8/11/2010

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: 12/8/2010

Attachment Check List

Att Doc Num	Name
2511858	FORM 5A SUBMITTED
2511859	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)