

**FORM
5A**Rev
02/08State 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

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.

Document Number:

2511858

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: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>07/02/2010</u>	Date of First Production this formation: <u>07/09/2010</u>
Perforations Top: <u>6430</u> Bottom: <u>6706</u>	No. Holes: <u>48</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 32,008 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: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:	
Date: <u>07/17/2010</u> Hours: <u>24</u> Bbls oil: <u>69</u> Mcf Gas: <u>111</u> Bbls H2O: <u>12</u>	
Calculated 24 hour rate: Bbls oil: <u>69</u> Mcf Gas: <u>111</u> Bbls H2O: <u>12</u> GOR: <u> </u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>900</u> Tubing PSI: <u> </u> Choke Size: <u>18/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1311</u> API Gravity Oil: <u>43</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 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)