

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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: <div style="text-align: center; border: 1px solid black; padding: 5px;"> 1633447 </div>				

1. OGCC Operator Number: <u>8960</u>	4. Contact Name: <u>KERRY MCCOWEN</u>
2. Name of Operator: <u>BONANZA CREEK ENERGY OPERATING COMPAN</u>	Phone: <u>(720) 279-2330</u>
3. Address: <u>P O BOX 21974</u>	Fax: <u>(720) 279-2331</u>
City: <u>BAKERSFIELD</u> State: <u>CA</u> Zip: <u>93390</u>	

5. API Number <u>05-123-30597-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>NORTH PLATTE</u>	Well Number: <u>31-34</u>
8. Location: QtrQtr: <u>NWNE</u> Section: <u>34</u> Township: <u>5N</u> Range: <u>63W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>SHUT IN</u>
Treatment Date: <u>10/02/2010</u>	Date of First Production this formation: _____
Perforations Top: <u>6238</u> Bottom: <u>6502</u> No. Holes: <u>100</u> Hole size: <u>42/100</u>	
Provide a brief summary of the formation treatment: _____	Open Hole: <input type="checkbox"/>
CODL FRAC PUMPED 31,962 GAL PAD FLUID AND 92,238 GAL PHASERFRAC WITH 245,560 LBS 30/50 SAND. ISDP 3136 PSI; ATR 22.3 BPM; ATP 3563 PSI. NBRR FRAC PUMPED 31,962 GAL PAD FLUID AND 114,576 GAL PHASERFRAC WITH 260,640 LBS 30/50 SAND. ISDP 3193 PSI; ATR 51.6 BPM; ATP 4080 PSI.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____	
Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____	
Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____	
Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____	
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____	
Reason for Non-Production: _____ <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____	
Bridge Plug Depth: _____ Sacks cement on top: _____	

Comment:

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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: 2/1/2011 Email KAM@BONANZACRK.COM
:

Attachment Check List

Att Doc Num	Name
1633447	FORM 5A SUBMITTED
1633448	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)