

**FORM
5A**
Rev
06/12

State of Colorado
Oil and Gas Conservation Commission
1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:
2170693

Date Received:
08/17/2012

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: <u>8960</u>	4. Contact Name: <u>RUSSEL SCHUCKER</u>
2. Name of Operator: <u>BONANZA CREEK ENERGY OPERATING COMPANY</u>	Phone: <u>(720) 440-6100</u>
3. Address: <u>410 17TH STREET SUITE #1400</u>	Fax: <u>(720) 279-2331</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-123-34807-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>PRONGHORN</u>	Well Number: <u>14-11-7HZ</u>
8. Location: QtrQtr: <u>Lot 4</u> Section: <u>7</u> Township: <u>5N</u> Range: <u>61W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 03/14/2012 End Date: 03/14/2012 Date of First Production this formation: 03/29/2011
Perforations Top: 6600 Bottom: 10619 No. Holes: 0 Hole size: _____
Provide a brief summary of the formation treatment: _____ Open Hole:

NIOBRARA HORIZONTAL 16 INTERVAL PHASER FRAC PUMPED A TOTAL OF 261,366 GAL OF PAD FLUID, PUMPED 2,033,850 GAL OF SLF WITH 160,282# OF 40/70 SAND; 3,326,720 # 30/50 SAND AND 256,580 RESIN (.5-4PPG). FINAL ISDP 28723PSI, AVG PRESSURE 4359 PSI, AND AVERAGE RATE 45 BPM. LINER TOP 5598, SLEEVES AT 10619, 10324, 10074, 9779, 9528, 9322, 9116, 8865, 8570, 8276, 7982, 7687, 7394,7100, 6849, 6600

This formation is commingled with another formation: Yes No
Total fluid used in treatment (bbl): 54648 Max pressure during treatment (psi): 5352
Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 0.50
Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.90
Total acid used in treatment (bbl): _____ Number of staged intervals: 16
Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 16700
Fresh water used in treatment (bbl): 52000 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 3743582 Rule 805 green completion techniques were utilized:
Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/26/2012 Hours: 24 Bbl oil: 247 Mcf Gas: 220 Bbl H2O: 45
Calculated 24 hour rate: Bbl oil: 247 Mcf Gas: 220 Bbl H2O: 45 GOR: 890
Test Method: FLOWING Casing PSI: 230 Tubing PSI: 230 Choke Size: 18/34
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1351 API Gravity Oil: 37
Tubing Size: 2 + 7/8 Tubing Setting Depth: 5559 Tbg setting date: 04/21/2012 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: _____ ** Wireline and Cement Job Summary must be attached.

Comment: _____

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

Signed: _____ Print Name: ROBERT TUCKER
Title: ENGINEERING TECH Date: 8/15/2012 Email RTUCKER@BONANZACRK.COM

Attachment Check List

Att Doc Num	Name
2170693	FORM 5A SUBMITTED
2170694	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

User Group	Comment	Comment Date

Total: 0 comment(s)