

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:

400469540

Date Received:

08/19/2013

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: 8960  
2. Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY  
3. Address: 410 17TH STREET SUITE #1400  
City: DENVER State: CO Zip: 80202  
4. Contact Name: Steve Wolfe  
Phone: (720) 440-6110  
Fax:  
Email: swolfe@bonanzacrk.com

5. API Number 05-123-23912-00  
6. County: WELD  
7. Well Name: PRONGHORN  
Well Number: 31-15  
8. Location: QtrQtr: NWNE Section: 15 Township: 5N Range: 61W Meridian: 6  
9. Field Name: NORTH RIVERSIDE Field Code: 60130

Completed Interval

FORMATION: NIOBRARA Status: ABANDONED WELLBORE/COMPLETION Treatment Type:  
Treatment Date: End Date: Date of First Production this formation:  
Perforations Top: Bottom: No. Holes: Hole size:  
Provide a brief summary of the formation treatment: Open Hole: ☐  
This formation is commingled with another formation: ☐ Yes ☒ No  
Total fluid used in treatment (bbl): Max pressure during treatment (psi):  
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):  
Type of gas used in treatment: Min frac gradient (psi/ft):  
Total acid used in treatment (bbl): Number of staged intervals:  
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):  
Fresh water used in treatment (bbl): Disposition method for flowback:  
Total proppant used (lbs): Rule 805 green completion techniques were utilized: ☐  
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:  
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl 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: Formation abandoned  
Date formation Abandoned: 03/29/2012 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt  
\*\* Bridge Plug Depth: 5870 \*\* Sacks cement on top: 2 \*\* Wireline and Cement Job Summary must be attached.

Comment:

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

Signed: \_\_\_\_\_ Print Name: Randy Edelen

Title: Regulatory Specialist Date: 8/19/2013 Email: REdelen@BonanzaCrk.com  
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### Attachment Check List

Att Doc Num      Name

400469540	FORM 5A SUBMITTED
400469546	WIRELINE JOB SUMMARY

Total Attach: 2 Files

### General Comments

User Group      Comment      Comment Date

Permit	Oper. submitted date of AC for NBRR. Req'd correction of prod. reporting.	4/28/2014 7:24:23 AM
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Total: 1 comment(s)