

<b>FORM 5A</b> Rev 06/12	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80203 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				
<b>COMPLETED INTERVAL REPORT</b>			Document Number: 400605678  Date Received:				
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> 2. Name of Operator: <u>BONANZA CREEK ENERGY OPERATING COMPANY</u> 3. Address: <u>410 17TH STREET SUITE #1400</u> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	4. Contact Name: <u>Olga Chikaloff</u> Phone: <u>(720) 440-1600</u> Fax: <u>(720) 279-2331</u> Email: <u>ochikaloff@bonanzacrck.com</u>
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5. API Number <u>05-123-38605-00</u> 7. Well Name: <u>Park</u> 8. Location: QtrQtr: <u>SESE</u> Section: <u>4</u> Township: <u>4N</u> 9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	6. County: <u>WELD</u> Well Number: <u>O-K-4HC</u> Range: <u>63W</u> Meridian: <u>6</u>
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**Completed Interval**

FORMATION: <u>CODELL</u>	Status: <u>PRODUCING</u>	Treatment Type: <u>FRACTURE STIMULATION</u>
Treatment Date: <u>04/21/2014</u>	End Date: <u>04/22/2014</u>	Date of First Production this formation: <u>05/03/2014</u>
Perforations Top: <u>7274</u>	Bottom: <u>11517</u>	No. Holes: _____ Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input checked="" type="checkbox"/>
18 Stage Codell pumped a total of 57,537 bbls of fluid (Phaser) and 4,194,120 # of sand (40/70 Ottawa, 20/40 Ottawa, 20/40 Prop Star); ATP 4,421 psi, ATR 51.00 bpm, Final ISDP 3,539 psi; completed with sliding sleeves and casing packers.		
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Total fluid used in treatment (bbl): <u>57537</u>	Max pressure during treatment (psi): <u>4848</u>	
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): <u>8.33</u>	
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.97</u>	
Total acid used in treatment (bbl): _____	Number of staged intervals: <u>18</u>	
Recycled water used in treatment (bbl): _____	Flowback volume recovered (bbl): <u>11097</u>	
Fresh water used in treatment (bbl): <u>57537</u>	Disposition method for flowback: <u>DISPOSAL</u>	
Total proppant used (lbs): <u>4194120</u>	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>	
Reason why green completion not utilized: _____		

**Fracture stimulations must be reported on FracFocus.org**

**Test Information:**

Date: <u>05/06/2014</u>	Hours: <u>72</u>	Bbl oil: <u>1323</u>	Mcf Gas: <u>1116</u>	Bbl H2O: <u>783</u>
Calculated 24 hour rate:	Bbl oil: <u>441</u>	Mcf Gas: <u>372</u>	Bbl H2O: <u>261</u>	GOR: <u>844</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>1000</u>	Tubing PSI: <u>790</u>	Choke Size: _____	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	Btu Gas: <u>1311</u>	API Gravity Oil: <u>43</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6895</u>	Tbg setting date: <u>05/03/2014</u>	Packer Depth: _____	
Reason for Non-Production: <span style="border: 1px solid black; display: inline-block; width: 600px; height: 20px;"></span>				
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: \_\_\_\_\_      \*\* 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: Olga Chikaloff  
Title: Engineering Technician Date: \_\_\_\_\_ Email: ochikaloff@bonanzacrk.com  
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### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400605685	WELLBORE DIAGRAM

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)