

**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:

2554433

1. OGCC Operator Number: 8960 4. Contact Name: KERRY MCCOWEN
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 05-123-30515-00 6. County: WELD
7. Well Name: NORTH PLATTE Well Number: 24A
8. Location: QtrQtr: NWNW Section: 24 Township: 5N Range: 63W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>05/08/2010</u>	Date of First Production this formation: <u>05/10/2010</u>
Perforations Top: <u>6276</u> Bottom: <u>6538</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"/>
CODELL PUMPED A TOTAL OF 46,000 GALS OF PAD FLUID. PUMP 84,144 GALS PHASER WITH 245,000 LBS OF 20/40 SAND (1-4 PPG). FINAL ISDP=2935 PSI; AVE PRESS=3415 PSI, AVE RATE=22.1 BPM. NIOBRARA PUMPED A TOTAL OF 38,052 GALS OF PAD FLUID. PUMPED 94,038 GAL PHASER WITH 260,000# OF 30/50 SAND (1-4 PPG). FINAL ISDP=3,017 PSI; AVE PRESS=3,988 PSI, AVE RATE=51.1 BPM	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>05/14/2010</u> Hours: <u>24</u> Bbls oil: <u>137</u> Mcf Gas: <u>102</u> Bbls H2O: <u>15</u>	
Calculated 24 hour rate: Bbls oil: <u>137</u> Mcf Gas: <u>102</u> Bbls H2O: <u>15</u> GOR: <u>7445</u>	
Test Method: <u>FLOWING</u> Casing PSI: _____ Tubing PSI: _____ 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>42</u>	
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____	
Reason for Non-Production: _____	
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:

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: 6/21/2010

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: 11/2/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2554433	FORM 5A SUBMITTED	LF@2495218 2554433
2554434	WELLBORE DIAGRAM	LF@2495219 2554434

Total Attach: 2 Files