

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



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COMPLETED INTERVAL REPORT

Document Number:
2554433

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 COMPAN
3. Address: P O BOX 21974
City: BAKERSFIELD State: CA Zip: 93390
4. Contact Name: KERRY MCCOWEN
Phone: (720) 279-2330
Fax: (720) 279-2331

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: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 05/08/2010 Date of First Production this formation: 05/10/2010
Perforations Top: 6276 Bottom: 6538 No. Holes: 100 Hole size: 42/100

Provide a brief summary of the formation treatment: Open Hole:

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: Yes No

Test Information:

Date: 05/14/2010 Hours: 24 Bbls oil: 137 Mcf Gas: 102 Bbls H2O: 15
Calculated 24 hour rate: Bbls oil: 137 Mcf Gas: 102 Bbls H2O: 15 GOR: 7445
Test Method: FLOWING Casing PSI: Tubing PSI: Choke Size: 18/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1311 API Gravity Oil: 42
Tubing Size: Tubing Setting Depth: Tbg setting date: 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:

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