

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

2071860

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 4. Contact Name: KERRY MCCOWEN
 2. Name of Operator: BONANZA CREEK ENERGY OPERATING COMPAN Phone: (720) 2792330
 3. Address: P O BOX 21974 Fax: (720) 2792331
 City: BAKERSFIELD State: CA Zip: 93390

5. API Number 05-123-31484-00 6. County: WELD
 7. Well Name: 70 Ranch Well Number: 23-27
 8. Location: QtrQtr: NESW Section: 27 Township: 5N Range: 63W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
 Treatment Date: 07/24/2010 Date of First Production this formation: 09/14/2010
 Perforations Top: 6258 Bottom: 6510 No. Holes: 100 Hole size: 42/100
 Provide a brief summary of the formation treatment: Open Hole:
 CODL 32126 GAL PAD FLUID AND 99586 GAL PHASER FRAC GEL W/ 251120 LBS 20/40 SAND.ISDP 3088 PSI: ATR 23BPM ATP 3145 PSI.
 NBRR 32046 GAL PAD FLUID AND 112868 GAL PHASERFRAC GEL W/ 260280 LBS 30/50 SAND ISDP 3201 PSI: ATR 51.3 BPM: ATP 4027 PSI.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 09/24/2010 Hours: 24 Bbls oil: 85 Mcf Gas: 76 Bbls H2O: 14
 Calculated 24 hour rate: Bbls oil: 85 Mcf Gas: 76 Bbls H2O: 14 GOR: 894
 Test Method: FLOWING Casing PSI: 1325 Tubing PSI: _____ Choke Size: _____
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1262 API Gravity Oil: 45
 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: STEPHEN WOLFE

Title: SR. PRODUCTION ENGINEER

Date: 10/13/2010

Email SWOLFE@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: 2/1/2011

Attachment Check List

Att Doc Num	Name
2071860	FORM 5A SUBMITTED
2071861	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group **Comment** **Comment Date**

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

Total: 0 comment(s)