

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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Document Number:

2071860

## 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

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
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Perforations	Top:	6258	Bottom:	6510	No. Holes:	100	Hole size:	42/100
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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
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Calculated 24 hour rate:	Bbls oil:	85	Mcf Gas:	76	Bbls H2O:	14	GOR:	894
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Test Method: FLOWING	Casing PSI: 1325	Tubing PSI:	Choke Size:
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Gas Disposition:	SOLD	Gas Type:	WET	BTU Gas:	1262	API Gravity Oil:	45
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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**

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

Total: 0 comment(s)