

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:

2584803

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) 279-2330

3. Address: P O BOX 21974

Fax: (720) 279-2331

City: BAKERSFIELD State: CA Zip: 93390

5. API Number 05-123-31475-00

6. County: WELD

7. Well Name: Croissant

Well Number: 24-3

8. Location: QtrQtr: SESW Section: 3 Township: 4N Range: 63W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date:	09/11/2010	Date of First Production this formation:	09/23/2010
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Perforations	Top:	6256	Bottom:	6500	No. Holes:	108	Hole size:	42/100
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Provide a brief summary of the formation treatment: Open Hole: ☐

CODL PUMPED 33,138 GAL PAD FLUID AND 96,264 GAL DYNAFLOW WITH 247,340 LBS 20/40 SAND. ISDP 3296 PSI; ATR 22.9 BPM; ATP 3439 PSI. NRR PUMPED 33,894 GAL PAD FLUID AND 109,746 GL DYNAFLOW WITH 261,060 LBS 30/50 SAND. ISDP 3365 PSI; ATR 50.8 BPM; ATP 4324 PSI.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date:	10/18/2010	Hours:	24	Bbls oil:	65	Mcf Gas:	52	Bbls H2O:	17
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Calculated 24 hour rate:	Bbbs oil:	65	Mcf Gas:	52	Bbbs H2O:	17	GOR:
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Test Method: FLOWING	Casing PSI: 950	Tubing PSI:	Choke Size:
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Gas Disposition:	SOLD	Gas Type:	WET	BTU Gas:	1310	API Gravity Oil:	40
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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: KERRY A. MCCOWEN

Title: VP OPERATIONS Date: 10/22/2010 Email KAM@BONANZACRK.COM

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: 2/3/2011

Attachment Check List

Att Doc Num	Name
2584803	FORM 5A SUBMITTED
2584804	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)