

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:

2584803

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 05-123-31475-00
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

Perforations Top: 6256 Bottom: 6500 No. Holes: 108 Hole size: 42/100

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 [X] No

Test Information:

Date: 10/18/2010 Hours: 24 Bbls oil: 65 Mcf Gas: 52 Bbls H2O: 17

Calculated 24 hour rate: Bbls oil: 65 Mcf Gas: 52 Bbls H2O: 17 GOR: []

Test Method: FLOWING Casing PSI: 950 Tubing PSI: [] Choke Size: []

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1310 API Gravity Oil: 40

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)