

**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:

2285053

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: <u>8960</u>	4. Contact Name: <u>KERRY MCCOWEN</u>
2. Name of Operator: <u>BONANZA CREEK ENERGY OPERATING COMPANY</u>	Phone: <u>(720) 440-6100</u>
3. Address: <u>P O BOX 21974</u>	Fax: <u>(720) 279-2331</u>
City: <u>BAKERSFIELD</u> State: <u>CA</u> Zip: <u>93390</u>	

5. API Number <u>05-123-20086-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>PERKINS</u>	Well Number: <u>12-27</u>
8. Location: QtrQtr: <u>SWNW</u> Section: <u>27</u> Township: <u>5N</u> Range: <u>63W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 01/14/2005 Date of First Production this formation: 01/31/2005

Perforations Top: 6494 Bottom: 6505 No. Holes: 44 Hole size: 38/100

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

STIMULATED WITH 225,420# OF SAND AND 106,174 GALS OF FLUID. AVERAGE TREATING PRESSURE WAS 3100 PSI WITH AN AVERAGE TREATMENT RATE OF 16.2 BPM.

This formation is commingled with another formation: Yes No

Test Information:

Date: 02/03/2005 Hours: 24 Bbls oil: 68 Mcf Gas: 10 Bbls H2O: 45

Calculated 24 hour rate: _____ Bbls oil: 68 Mcf Gas: 10 Bbls H2O: 45 GOR: 147

Test Method: FLOWING Casing PSI: 500 Tubing PSI: 200 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1111 API Gravity Oil: 1111

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: _____

FORMATION: J-CODELL Status: PRODUCING

Treatment Date: _____ Date of First Production this formation: _____

Perforations Top: 6494 Bottom: 7002 No. Holes: _____ Hole size: _____

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

COMMINGLED CD AND J-SAND FORMATIONS ON 04/08/2005.

This formation is commingled with another formation: Yes No

Test Information:

Date: 04/08/2005 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: FLOWING Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6995 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: _____

CORRECTED FORM NIOBRARA WAS NEVER PERFED.

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

Attachment Check List

Att Doc Num	Name
2285053	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
Data Entry	CHECK FORMATION CODELL: BOTH BTU GAS AND API GRAVITY OIL MUST BE ENTERED IF MCF GAS AND BBLs OIL ARE ENTERED.	11/10/2011 12:38:04 PM

Total: 1 comment(s)