

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 09/10/2011 End Date: Date of First Production this formation: 09/16/2011
Perforations Top: 6847 Bottom: 6588 No. Holes: 80 Hole size: 40/100

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

CODELL PUMPED 32,550 GAL PAD FLUID. PUMPED 100,590 GAL PHASERFRAC W/250,840 LBS 20/40 SAND. ISDP 3141 PSI, ATP 3985 PSI, ATR 22.4 BPM. NIOBRARA PUMPED 20,412 PAD FLUID. PUMPED 117,726 GAL PHASER FRAC W/260,060 LBS. 30/50 SAND. ISDP 3147 PSI, ATP 4200 PSI, ATR 53.1 BPM.

This formation is commingled with another formation: Yes No
Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____
Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____
Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____
Total acid used in treatment (bbl): _____ Number of staged intervals: _____
Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____
Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:
Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 09/25/2011 Hours: 24 Bbl oil: 33 Mcf Gas: 35 Bbl H2O: 24
Calculated 24 hour rate: Bbl oil: 33 Mcf Gas: 35 Bbl H2O: 24 GOR: 1060
Test Method: FLOWING Casing PSI: 450 Tubing PSI: Choke Size: 18/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1283 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: ** Wireline and Cement Job Summary must be attached.

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: 10/6/2011 Email: KAM@BONANZACRK.COM

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date
Permit	Off Hold. Operator corrected formation tops and submitted an additional form 5A. Based on provided test information input GOR and frac type.	10/24/2012 12:27:26 PM
Permit	On Hold. Requested corrected formation tops for form 5.	9/24/2012 3:14:55 PM
Permit	On Hold. Requested additional form 5A for NBRR and CODL	3/3/2012 7:30:38 AM

Total: 3 comment(s)