

FORM
5A

Rev
06/12

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400347650

Date Received:

11/29/2012

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: Russell Schucker
2. Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY	Phone: (720) 4406177
3. Address: 410 17TH STREET SUITE #1400	Fax: (720) 2792331
City: DENVER State: CO Zip: 80202	

5. API Number 05-123-34056-00	6. County: WELD
7. Well Name: Wetco Farms	Well Number: G-4
8. Location: QtrQtr: Lot 2 Section: 4 Township: 4N Range: 63W Meridian: 6	
9. Field Name: WATTENBERG	Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>COMMINGLED</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>04/13/2012</u>		End Date: <u>04/13/2012</u>		Date of First Production this formation: <u>05/05/2012</u>	
Perforations	Top: <u>6686</u>	Bottom: <u>6696</u>	No. Holes: <u>40</u>	Hole size: <u>4/10</u>	

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

CODELL PHASER FRAC PUMPED 60,413 GAL BEFORE SCREENING OUT. RIH AND CLEAN OUT PERFS. RE-FRAC CODELL WITH 32,508 GAL OF PAD. 98,868 GAL OF SLF WITH 245,520# OF 20/40 SAND. (1-4PPG). FINAL ISDP 3343 PSI, ATP: 3944 PSI AND ATR 21.8 BPM.

This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Total fluid used in treatment (bbl): <u>3128</u>	Max pressure during treatment (psi): <u>5000</u>	
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): <u>1.00</u>	
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.95</u>	
Total acid used in treatment (bbl): <u>12</u>	Number of staged intervals: <u>1</u>	
Recycled water used in treatment (bbl): _____	Flowback volume recovered (bbl): <u>1022</u>	
Fresh water used in treatment (bbl): <u>4019</u>	Disposition method for flowback: <u>DISPOSAL</u>	
Total proppant used (lbs): <u>245520</u>	Rule 805 green completion techniques were utilized: <input type="checkbox"/>	
Reason why green completion not utilized: _____		

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____	Hours: _____	Bbl oil: _____	Mcf Gas: _____	Bbl H2O: _____
Calculated 24 hour rate: _____	Bbl oil: _____	Mcf Gas: _____	Bbl H2O: _____	GOR: _____
Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____	
Gas Disposition: _____	Gas Type: _____	Btu Gas: _____	API Gravity Oil: _____	
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____	

Reason for Non-Production:

Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
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** Bridge Plug Depth: _____
 ** Sacks cement on top: _____
 ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 04/13/2012 End Date: 04/13/2012 Date of First Production this formation: 05/05/2012

Perforations Top: 6434 Bottom: 6696 No. Holes: 88 Hole size: 4/10

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

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: 05/26/2012 Hours: 24 Bbl oil: 62 Mcf Gas: 41 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 62 Mcf Gas: 41 Bbl H2O: 0 GOR: 661

Test Method: flowing Casing PSI: 1826 Tubing PSI: 1147 Choke Size: _____

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1119 API Gravity Oil: 42

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6686 Tbg setting date: 05/12/2012 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.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION
Treatment Date: 04/13/2012 End Date: 04/13/2012 Date of First Production this formation: 05/05/2012
Perforations Top: 6434 Bottom: 6580 No. Holes: 48 Hole size: 4/10

Provide a brief summary of the formation treatment:

Open Hole: ☐

NIOBRARA PHASER FRAC 19,824 GAL OF PAD, PUMP 129,360 GAL OF SLF WITH 260,480# OF 30/50 SAND, (1-4PPG). FINAL ISDP 3177 PSI. ATP: 3978 PSI, ATR 50.1 BPM.

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

Total fluid used in treatment (bbl): 3135

Max pressure during treatment (psi): 5000

Total gas used in treatment (mcf):

Fluid density at initial fracture (lbs/gal): 1.00

Type of gas used in treatment:

Min frac gradient (psi/ft): 0.92

Total acid used in treatment (bbl): 12

Number of staged intervals: 3

Recycled water used in treatment (bbl):

Flowback volume recovered (bbl): 1022

Fresh water used in treatment (bbl): 4019

Disposition method for flowback:

Total proppant used (lbs): 260480

Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:
Test Method: Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:
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: Robert Tucker
Title: Engineering Tech Date: 11/29/2012 Email: rtucker@bonanzacrk.com

Attachment Check List

Att Doc Num	Name
400347650	FORM 5A SUBMITTED
400347651	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)