

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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Date Received:

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
2. Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY
3. Address: 410 17TH STREET SUITE #1400 City: DENVER State: CO Zip: 80202
4. Contact Name: Russel Schucker Phone: (720) 4406100 Fax: (720) 2792331

5. API Number 05-123-33565-00
6. County: WELD
7. Well Name: Wetco Farms Well Number: I-4
8. Location: QtrQtr: NESW Section: 4 Township: 4N Range: 63W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION
Treatment Date: 06/01/2102 End Date: 06/01/2102 Date of First Production this formation: 06/14/2012
Perforations Top: 6700 Bottom: 6710 No. Holes: 48 Hole size: 4/10
Provide a brief summary of the formation treatment: Open Hole:
This formation is commingled with another formation: [X] Yes [] No
Total fluid used in treatment (bbl): 3252 Max pressure during treatment (psi): 5000
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.40
Type of gas used in treatment: Min frac gradient (psi/ft): 0.95
Total acid used in treatment (bbl): 4 Number of staged intervals:
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 1021
Fresh water used in treatment (bbl): 91 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 245100 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.

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

Treatment Date: 06/01/2012 End Date: 06/01/2012 Date of First Production this formation: 06/14/2012
Perforations Top: 6446 Bottom: 6838 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: 07/12/2102 Hours: 24 Bbl oil: 19 Mcf Gas: 64 Bbl H2O: 4

Calculated 24 hour rate: Bbl oil: 19 Mcf Gas: 64 Bbl H2O: 4 GOR: 3390

Test Method: flowing Casing PSI: 850 Tubing PSI: 0 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1202 API Gravity Oil: 46

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6678 Tbg setting date: 07/31/2012 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: 06/01/2012 End Date: 06/01/2012 Date of First Production this formation: 06/14/2012
Perforations Top: 6446 Bottom: 6594 No. Holes: 48 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): 3256 Max pressure during treatment (psi): 5000

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.40

Type of gas used in treatment: Min frac gradient (psi/ft): 0.96

Total acid used in treatment (bbl): 12 Number of staged intervals:

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 1021

Fresh water used in treatment (bbl): 774 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 260040 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: PIPELINE

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: Email rtucker@bonanzacrk.com

Attachment Check List

Att Doc Num	Name
400359443	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)