

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:

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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: Robert Tucker  
Phone: (720) 440-1600  
Fax: (720) 279-2331

5. API Number 05-123-35444-00  
6. County: WELD  
7. Well Name: North Platte  
Well Number: G-27  
8. Location: QtrQtr: NWNW Section: 27 Township: 5N Range: 63W Meridian: 6  
9. Field Name: RED WILLOW Field Code: 72895

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 06/15/2012 End Date: 06/15/2012 Date of First Production this formation: 07/10/2012

Perforations Top: 6622 Bottom: 6632 No. Holes: 40 Hole size: 38/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

Pumped 3060 bbls of fluid with 245001 lbs 20/40 sand

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

Total fluid used in treatment (bbl): 3060

Max pressure during treatment (psi): 3427

Total gas used in treatment (mcf): 0

Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment:

Min frac gradient (psi/ft): 0.95

Total acid used in treatment (bbl): 12

Number of staged intervals: 1

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 1038

Fresh water used in treatment (bbl): 3048

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 245001

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.

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

Treatment Date: 06/15/2012 End Date: 06/15/2012 Date of First Production this formation: 07/10/2012

Perforations Top: 6342 Bottom: 6564 No. Holes: 96 Hole size: 40/100

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](http://FracFocus.org)**

**Test Information:**

Date: 08/15/2012 Hours: 24 Bbl oil: 87 Mcf Gas: 98 Bbl H2O: 1

Calculated 24 hour rate: Bbl oil: 87 Mcf Gas: 98 Bbl H2O: 1 GOR: 0

Test Method: Flowing Casing PSI: 1129 Tubing PSI: 941 Choke Size: \_\_\_\_\_

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1311 API Gravity Oil: 43

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6698 Tbg setting date: 09/19/2012 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: 06/15/2012 End Date: 06/15/2012 Date of First Production this formation: 07/10/2012  
Perforations Top: 6374 Bottom: 6520 No. Holes: 48 Hole size: 40/100  
Provide a brief summary of the formation treatment: Open Hole: ☐

Pumped 3050 bbls of fluid with 260001 lbs 20/40 sand

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

Total fluid used in treatment (bbl): 3050 Max pressure during treatment (psi): 3564  
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.34  
Type of gas used in treatment: Min frac gradient (psi/ft): 0.98  
Total acid used in treatment (bbl): 12 Number of staged intervals: 1  
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 1038  
Fresh water used in treatment (bbl): 3038 Disposition method for flowback: RECYCLE  
Total proppant used (lbs): 260001 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 Technician Date: Email: rtucker@bonanzacrk.com

#### Attachment Check List

Att Doc Num	Name
400466037	WELLBORE DIAGRAM

Total Attach: 1 Files

#### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)