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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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: Olga Chikaloff
Phone: (720) 440-1600
Fax: (720) 279-2331

5. API Number 05-123-35698-00
6. County: WELD
7. Well Name: Latham
Well Number: 14-2
8. Location: QtrQtr: SWSW Section: 2 Township: 4N Range: 63W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/03/2012 End Date: 08/03/2012 Date of First Production this formation:

Perforations Top: 6471 Bottom: 6481 No. Holes: 40 Hole size:

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

Codell pumped a total of 3175 bbls of fluid and 245260# of sand, ATP 3583, ATR 20.8 bpm, Final ISDP 3231.

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

Total fluid used in treatment (bbl): 3175
Max pressure during treatment (psi): 3898
Total gas used in treatment (mcf): 0
Fluid density at initial fracture (lbs/gal): 8.33
Type of gas used in treatment:
Min frac gradient (psi/ft): 0.93
Total acid used in treatment (bbl): 12
Number of staged intervals: 1
Recycled water used in treatment (bbl): 0
Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): 3163
Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 245260
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: 08/03/2012 End Date: 08/03/2012 Date of First Production this formation: 10/16/2012

Perforations Top: 6354 Bottom: 6481 No. Holes: 88 Hole size: 39/40

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): 890

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

Total proppant used (lbs): 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: 10/31/2012 Hours: 72 Bbl oil: 87 Mcf Gas: 18 Bbl H2O: 36

Calculated 24 hour rate: Bbl oil: 29 Mcf Gas: 6 Bbl H2O: 12 GOR: 0

Test Method: Flowing Casing PSI: 1100 Tubing PSI: 618 Choke Size:

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6177 Tbg setting date: 11/22/2012 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: 08/03/2012 End Date: 08/03/2012 Date of First Production this formation:

Perforations Top: 6354 Bottom: 6360 No. Holes: 48 Hole size:

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

Niobrara pumped a total of 3350 of fluid and 260480# of sand, ATP 4199 psi, ATR 51 bpm, Final ISDP 3332

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

Total fluid used in treatment (bbl): 3350 Max pressure during treatment (psi): 4855

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.33

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

Total acid used in treatment (bbl): 12 Number of staged intervals: 1

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

Fresh water used in treatment (bbl): 3338 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 260480 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: Olga Chikaloff

Title: Engineering Technician Date: Email: ochikaloff@bonanzacrk.com

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)