

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 4. Contact Name: Olga Chikaloff
2. Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY Phone: (720) 440-1600
3. Address: 410 17TH STREET SUITE #1400 Fax: (720) 279-2331
City: DENVER State: CO Zip: 80202

5. API Number 05-123-22448-00 6. County: WELD
7. Well Name: PARK Well Number: 42-4
8. Location: QtrQtr: SENE Section: 4 Township: 4N Range: 63W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: CODELL Status: ABANDONED WELLBORE/COMPLETION Treatment Type:
Treatment Date: End Date: Date of First Production this formation:
Perforations Top: 6502 Bottom: 6512 No. Holes: 80 Hole size: 0
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: 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: CIBP for Niobrara completion.

Date formation Abandoned: 02/21/2012 Squeeze: Yes No If yes, number of sacks cmt

** Bridge Plug Depth: 6480 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

FORMATION: NIORARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/23/2012 End Date: 02/23/2012 Date of First Production this formation: 02/23/2012
Perforations Top: 6246 Bottom: 6390 No. Holes: 48 Hole size: 0

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

Niobrara pumped a total of 2975 bbls of fluid and 160140# of sand, ATP 6094 psi, ATR 23.6, Final ISDP 3702psi.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 2975 Max pressure during treatment (psi): 6880

Total gas used in treatment (mcf): 12 Fluid density at initial fracture (lbs/gal): 8.33

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 1.02

Total acid used in treatment (bbl): 0 Number of staged intervals: 1

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 1090

Fresh water used in treatment (bbl): 2963 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 160140 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: 24 Bbl oil: 22 Mcf Gas: 67 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 22 Mcf Gas: 67 Bbl H2O: 0 GOR: 3045

Test Method: Flowing Casing PSI: 500 Tubing PSI: 450 Choke Size: _____

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6303 Tbg setting date: 03/09/2012 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.

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@bonanzacr.com

Attachment Check List

Att Doc Num	Name
400506488	WELLBORE DIAGRAM
400506714	CEMENT JOB SUMMARY

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)