

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:

400505926

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 05-123-22448-00  
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: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/10/2012 End Date: 02/10/2012 Date of First Production this formation: 02/10/2012

Perforations Top: 6500 Bottom: 6510 No. Holes: 48 Hole size: 0

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

Codell re-frac pumped a total of 3102 bbls of fluid and 246000# of sand, ATP 6033 psi, ATR 21.3 bpm, Final ISDP 2952 psi.

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

Total fluid used in treatment (bbl): 3102 Max pressure during treatment (psi): 6920

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): 0.89

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

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 579

Fresh water used in treatment (bbl): 3102 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 246000 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: 02/01/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 579

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 579 GOR:

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

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

Tubing Size: 2 + 7/8 Tubing Setting Depth: 6322 Tbg setting date: 02/07/2012 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: J SAND Status: ABANDONED WELLBORE/COMPLETION Treatment Type: \_\_\_\_\_

Treatment Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Date of First Production this formation: \_\_\_\_\_

Perforations Top: 6967 Bottom: 7010 No. Holes: 60 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 to re-perforate Codell.

Date formation Abandoned: 02/07/2012 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt \_\_\_\_\_

\*\* Bridge Plug Depth: 6662 \*\* Sacks cement on top: 2 \*\* 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
400505937	WELLBORE DIAGRAM
400506859	CEMENT JOB SUMMARY

Total Attach: 2 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)