

**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



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 Email: ochikaloff@bonanzacrk.com

5. API Number 05-123-38788-00 6. County: WELD
7. Well Name: Latham Well Number: T-P-2HNB
8. Location: QtrQtr: SWSE Section: 2 Township: 4N Range: 63W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed IntervalFORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATIONTreatment Date: 07/29/2014 End Date: 07/30/2014 Date of First Production this formation: 08/10/2014Perforations Top: 6434 Bottom: 10702 No. Holes: _____ Hole size: _____Provide a brief summary of the formation treatment: Open Hole: ☒

18 Stage Niobrara pumped a total of 51,364 bbls of fluid (Phaser) and 3,883,580 # of sand (40/70 Ottawa, 30/50 Ottawa, 20/40 InnoProp); ATP 4,271 psi, ATR 48.00 bpm, Final ISDP 3,482 psi; completed with sliding sleeves and casing packers.

This formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 51364 Max pressure during treatment (psi): 5055Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.33Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.99Total acid used in treatment (bbl): 24 Number of staged intervals: 18Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 17291Fresh water used in treatment (bbl): 51340 Disposition method for flowback: DISPOSALTotal proppant used (lbs): 3883580 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org**Test Information:**Date: 08/13/2014 Hours: 72 Bbl oil: 480 Mcf Gas: 489 Bbl H2O: 1644Calculated 24 hour rate: Bbl oil: 160 Mcf Gas: 163 Bbl H2O: 548 GOR: 1019Test Method: Flowing Casing PSI: 1275 Tubing PSI: 750 Choke Size: 012/64Gas Disposition: SOLD Gas Type: WET Btu Gas: 1311 API Gravity Oil: 43Tubing Size: 2 + 3/8 Tubing Setting Depth: 6609 Tbg setting date: 08/05/2014 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:

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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

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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
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