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|---|--|--|--|----|----|----|----|---|--|--|--|
| <b>FORM 5A</b><br>Rev 06/12                         | <b>State of Colorado</b><br><b>Oil and Gas Conservation Commission</b><br>1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109 |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> <tr> <td colspan="4" style="text-align: center;">           Document Number:<br/>           400870963<br/><br/>           Date Received:         </td> </tr> </table> | DE | ET | OE | ES | Document Number:<br>400870963<br><br>Date Received: |  |  |  |
| DE  | ET   | OE   | ES   |    |    |    |    |   |  |  |  |
| Document Number:<br>400870963<br><br>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: <u>8960</u><br>2. Name of Operator: <u>BONANZA CREEK ENERGY OPERATING COMPANY</u><br>3. Address: <u>410 17TH STREET SUITE #1400</u><br>City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u> | 4. Contact Name: <u>Jessica Azzolina</u><br>Phone: <u>(720) 440-6100</u><br>Fax: <u>(720) 279-2331</u><br>Email: <u>jazzolina@bonanzacrk.com</u> |
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|--|---|
| 5. API Number <u>05-123-40199-00</u><br>7. Well Name: <u>North Platte Federal</u><br>8. Location: QtrQtr: <u>NWNW</u> Section: <u>22</u> Township: <u>5N</u> Range: <u>63W</u> Meridian: <u>6</u><br>9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u> | 6. County: <u>WELD</u><br>Well Number: <u>F11-J14-22HNB</u> |
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### Completed Interval

|                                   |                             |  |
|-----------------------------------|-----------------------------|--|
| FORMATION: <u>NIOBRARA</u>        | Status: <u>PRODUCING</u>    | Treatment Type: <u>FRACTURE STIMULATION</u>                |
| Treatment Date: <u>06/15/2015</u> | End Date: <u>06/16/2015</u> | Date of First Production this formation: <u>07/01/2015</u> |
| Perforations Top: <u>7023</u>     | Bottom: <u>11115</u>        | No. Holes: _____ Hole size: <u>6.125</u>                   |

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

25 stage Niobrara pumped a total of 62,755 bbls of fluid (PermStim) and 3,750,000 # of sand (40/70 Ottawa, 30/50 Ottawa); ATP 4,866 psi, ATR 48 bpm, Final ISDP 3,048 psi; completed with sliding sleeves and casing packers.

This formation is commingled with another formation:  Yes  No

|   |  |
|---|--|
| Total fluid used in treatment (bbl): <u>62755</u> | Max pressure during treatment (psi): <u>5725</u>                             |
| Total gas used in treatment (mcf): _____          | Fluid density at initial fracture (lbs/gal): <u>8.33</u>                     |
| Type of gas used in treatment: _____              | Min frac gradient (psi/ft): <u>0.90</u>                                      |
| Total acid used in treatment (bbl): <u>0</u>      | Number of staged intervals: <u>25</u>  |
| Recycled water used in treatment (bbl): _____     | Flowback volume recovered (bbl): <u>16872</u>                                |
| Fresh water used in treatment (bbl): <u>62755</u> | Disposition method for flowback: <u>DISPOSAL</u>                             |
| Total proppant used (lbs): <u>3750000</u>         | Rule 805 green completion techniques were utilized: <input type="checkbox"/> |

Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

**Test Information:**

|                              |                                   |                                     |                            |                      |
|------------------------------|-----------------------------------|-------------------------------------|----------------------------|----------------------|
| Date: <u>07/01/2015</u>      | Hours: <u>72</u>                  | Bbl oil: <u>243</u>                 | Mcf Gas: <u>378</u>        | Bbl H2O: <u>1962</u> |
| Calculated 24 hour rate:     | Bbl oil: <u>81</u>                | Mcf Gas: <u>126</u>                 | Bbl H2O: <u>654</u>        | GOR: <u>1556</u>     |
| Test Method: <u>FLOWING</u>  | Casing PSI: <u>1700</u>           | Tubing PSI: <u>1050</u>             | Choke Size: <u>12</u>      |                      |
| Gas Disposition: <u>SOLD</u> | Gas Type: <u>WET</u>              | Btu Gas: <u>1311</u>                | API Gravity Oil: <u>43</u> |                      |
| Tubing Size: <u>2 + 3/8</u>  | Tubing Setting Depth: <u>6555</u> | Tbg setting date: <u>06/25/2015</u> | 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: Jessica Azzolina

Title: Drilling Technician Date: \_\_\_\_\_ Email jazzolina@bonanzacrk.com  
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### Attachment Check List

**Att Doc Num**      **Name**

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|--|--|

Total Attach: 0 Files

### General Comments

**User Group**      **Comment**      **Comment Date**

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Total: 0 comment(s)