

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



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
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: Jessica Azzolina
Phone: (303) 440-1600
Fax: (303) 279-2331
Email: jazzolina@bonanzacrk.com

5. API Number 05-123-22029-00
6. County: WELD
7. Well Name: PERKINS
Well Number: 23-22
8. Location: QtrQtr: NESW Section: 22 Township: 5N Range: 63W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/19/2012 End Date: 03/19/2012 Date of First Production this formation: 07/09/2007
Perforations Top: 6628 Bottom: 6639 No. Holes: 80 Hole size: 0

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

Codell refrac pumped a total of 3339 bbls of pHaserFrac fluid/fresh water and 245000# of 20/40 sand, ATP 4708 psi, ATR 21.7 bpm, Final ISDP 3517 psi.

This formation is commingled with another formation: [X] Yes [] No
Total fluid used in treatment (bbl): 3339 Max pressure during treatment (psi): 6132
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): 0.97
Total acid used in treatment (bbl): 0 Number of staged intervals: 10
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): 762 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 245000 Rule 805 green completion techniques were utilized: [X]
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:
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: PLUGGED AND ABANDONED Treatment Type: _____

Treatment Date: 02/28/2012 End Date: 02/25/2012 Date of First Production this formation: _____

Perforations Top: 7076 Bottom: 7138 No. Holes: 88 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: J-Sand is abandoned due to low production.

Date formation Abandoned: 02/28/2012 Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: 6980 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

FORMATION: NIORARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION
 Treatment Date: 03/19/2012 End Date: 03/26/2012 Date of First Production this formation: 03/27/2012
 Perforations Top: 6388 Bottom: 6530 No. Holes: 48 Hole size: 0

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

Niobrara pumped a total 3030 bbls of pHaser fluid and fresh water, 18 bbls 15% HCl acid, and 254,475# of 30/50 Ottawa sand, ATP 5800 psi, ATR 22.0 bpm, Final ISDP 3476 psi.

This formation is commingled with another formation: Yes No
 Total fluid used in treatment (bbl): 3030 Max pressure during treatment (psi): 6160
 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): 0.97
 Total acid used in treatment (bbl): 18 Number of staged intervals: 1
 Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): _____
 Fresh water used in treatment (bbl): 493 Disposition method for flowback: DISPOSAL
 Total proppant used (lbs): 254475 Rule 805 green completion techniques were utilized:
 Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 03/27/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 33 Bbl H2O: 0
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 33 Bbl H2O: 0 GOR: 0
 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 + 3/8 Tubing Setting Depth: 6605 Tbg setting date: 04/05/2012 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: Jessica Azzolina
 Title: Engineering Technician Date: _____ Email: jazzolina@bonanzacr.com

Attachment Check List

Att Doc Num	Name
400505681	WELLBORE DIAGRAM
400506908	CEMENT JOB SUMMARY

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)