

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:

400505154

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: ☒ 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: ☒

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: <input type="checkbox"/>

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: NIOBRARA 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@bonanzacrk.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)