

FORM 5A Rev 06/12



Table with columns: DE, ET, OE, ES

Document Number: 402334433 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: Kate Miller Phone: (720) 440-6116 Fax: Email: regulatory@bonanzacrk.com

5. API Number 05-123-35813-00 6. County: WELD 7. Well Name: Latham Well Number: 42-1 8. Location: QtrQtr: NESE Section: 1 Township: 4N Range: 63W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: Treatment Date: End Date: Date of First Production this formation: 10/15/2012 Perforations Top: 6620 Bottom: 6630 No. Holes: 40 Hole size: 56/100 Provide a brief summary of the formation treatment: Open Hole: This formation is commingled with another formation: [X] 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: This well was TA'd for offset frac prep of Bonanza Creek's State North Platte T-36 and F-36 Pads.

Date formation Abandoned: 03/04/2020 Squeeze: [] Yes [X] No If yes, number of sacks cmt ** Bridge Plug Depth: 6314 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA-CODELL Status: TEMPORARILY ABANDONED Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: 10/15/2012

Perforations Top: 6364 Bottom: 6630 No. Holes: 88 Hole size: 56/100

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: This well was TA'd for offset frac prep of Bonanza Creek's State North Platte T-36 and F-36 Pads.

Date formation Abandoned: 03/04/2020 Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: 6314 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type:

Treatment Date: End Date: Date of First Production this formation: 10/15/2012

Perforations Top: 6364 Bottom: 6512 No. Holes: 48 Hole size: 40/100

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: This well was TA'd for offset frac prep of Bonanza Creek's State North Platte T-36 and F-36 Pads.

Date formation Abandoned: 03/04/2020 Squeeze: Yes No If yes, number of sacks cmt

** Bridge Plug Depth: 6314 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

Comment:

This well was TA'd for offset frac prep of Bonanza Creek's State North Platte T-36 and F-36 Pads. Informal pressure test was taken after CIBP set. Operations summary attached to this form for reference. Wireline ticket is attached to this form.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Print Name: Aubrey Noonan

Title: Regulatory Analyst Date: Email: regulatory@bonanzacr.com

Attachment Check List

Table with 2 columns: Att Doc Num, Name. Rows: 402344241 OPERATIONS SUMMARY, 402352397 WIRELINE JOB SUMMARY

Total Attach: 2 Files

General Comments

Table with 3 columns: User Group, Comment, Comment Date. Row: Stamp Upon Approval

Total: 0 comment(s)