

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 401481744 Date Received: 08/27/2018

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: Brian Dodek Phone: (720) 225-6653 Fax: Email: bdodek@bonanzacrk.com

5. API Number 05-057-06454-00 6. County: JACKSON 7. Well Name: MCCALLUM UNIT Well Number: 182 8. Location: QtrQtr: SWSE Section: 34 Township: 10N Range: 79W Meridian: 6 9. Field Name: MCCALLUM Field Code: 53300

Completed Interval

FORMATION: PIERRE B Status: INJECTING Treatment Type: Treatment Date: End Date: Date of First Production this formation: 09/14/2004 Perforations Top: 1070 Bottom: 1092 No. Holes: 88 Hole size: 3 + 1/8 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: 2 + 7/8 Tubing Setting Depth: 1051 Tbg setting date: 08/08/2017 Packer Depth: 1051 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:

2/27/2008, Begin active injection well.

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

Signed: _____ Print Name: EILEEN ROBERTS

Title: REGULATORY SPECIALIST Date: 8/27/2018 Email: eroberts@progressivepcs.net

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Attachment Check List

Att Doc Num **Name**

401481744	FORM 5A SUBMITTED
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Total Attach: 1 Files

General Comments

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

Permit	<ul style="list-style-type: none">• Pushed back to draft 8/23/2018 per operator request.• "Date of First Production from this formation" corrected from 9/4/2014 to 9/14/2004 per original completed interval report.• Sundry 1945127 indicates well was placed on injection 2/27/2008.• Added "Hole Size" per original completion summary.	08/23/2018
Permit	<ul style="list-style-type: none">• Returned to draft per operator request.	12/12/2017

Total: 2 comment(s)