

FORM 5A Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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COMPLETED INTERVAL REPORT

Document Number: 2590525

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 COMPAN
3. Address: P O BOX 21974 City: BAKERSFIELD State: CA Zip: 93390
4. Contact Name: KERRY MCCOWEN Phone: (720) 279-2330 Fax: (720) 279-2331

5. API Number 05-123-31862-00
6. County: WELD
7. Well Name: Antelope Well Number: 12-19
8. Location: QtrQtr: SWNW Section: 19 Township: 5N Range: 62W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 09/18/2010 Date of First Production this formation: 09/27/2010

Perforations Top: 6270 Bottom: 6534 No. Holes: 92 Hole size: 42/100

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

CODL PUMPED 32,508 GAL PAD FLUID AND 98,700 GAL PHASERFRAC WITH 245,640 LBS 30/50 SAND. ISDP 3020 PSI; ATR 22.4 BPM; ATP 3425 PSI. NBRR PUMPED 23,100 GAL PAD FLUID AND 110,040 GAL PHASERFRAC WITH 248,100 LBS 30/50 SAND. ISDP 2986 PSI; ATR 51.4 BPM; ATP 3791 PSI.

This formation is commingled with another formation: [X] Yes [ ] No

Test Information:

Date: 10/25/2010 Hours: 24 Bbls oil: 70 Mcf Gas: 66 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 70 Mcf Gas: 66 Bbls H2O: 0 GOR: 943

Test Method: FLOWING Casing PSI: 650 Tubing PSI: Choke Size:

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1311 API Gravity Oil: 38

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:

Comment:

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

Signed: Print Name: KERRY A. MCCOWEN

Title: VP OPERATIONS Date: 10/27/2010 Email KAM@BONANZACRK.COM

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: David S. Neslin Director of COGCC Date: 2/1/2011

**Attachment Check List**

Att Doc Num	Name
2590525	FORM 5A SUBMITTED
2590526	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)