

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

2590525

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

4. Contact Name: KERRY MCCOWEN

2. Name of Operator: BONANZA CREEK ENERGY OPERATING COMPAN

Phone: (720) 279-2330

3. Address: P O BOX 21974

Fax: (720) 279-2331

City: BAKERSFIELD State: CA Zip: 93390

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

Test Information:

Date:	10/25/2010	Hours:	24	Bbls oil:	70	Mcf Gas:	66	Bbls H2O:	0
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Calculated 24 hour rate:	Bbls oil:	70	Mcf Gas:	66	Bbls H2O:	0	GOR:	943
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Test Method: FLOWING	Casing PSI: 650	Tubing PSI:	Choke Size:
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Gas Disposition:	SOLD	Gas Type:	WET	BTU Gas:	1311	API Gravity Oil:	38
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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)