

FORM 5A

Rev 02/08

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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COMPLETED INTERVAL REPORT

Document Number:

2590523

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 05-123-31859-00
6. County: WELD
7. Well Name: Antelope Well Number: 21-19
8. Location: QtrQtr: NENW Section: 19 Township: 5N Range: 62W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 09/24/2010 Date of First Production this formation: 09/27/2010

Perforations Top: 6260 Bottom: 6522 No. Holes: 100 Hole size: 42/100

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

CODL PUMPED 31,992 GAL PAD FLUID AND 98,418 GAL PHASERFRAC WITH 245,100 LBS 20/40 SAND. ISDP 3131 PSI; ATR 23.1 BPM; ATP 3639 PSI. NBRR PUMPED 29,526 GAL PAD FLUID AND 112,182 GAL PHASERFRAC WITH 262,180 LBS 30/50 SAND. ISDP 3147 PSI; ATR 50.3 BPM; ATP 3842 PSI.

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

Test Information:

Date: 09/08/2010 Hours: 24 Bbls oil: 84 Mcf Gas: 87 Bbls H2O: 29

Calculated 24 hour rate: Bbls oil: 84 Mcf Gas: 87 Bbls H2O: 29 GOR: []

Test Method: flowing Casing PSI: 500 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: 2/4/2011

Attachment Check List

Att Doc Num	Name
2590523	FORM 5A SUBMITTED
2590524	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)