

**FORM  
5A**Rev  
02/08State of Colorado  
Oil and Gas Conservation Commission

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



DE ET OE ES

Document Number:

2590523

**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 05-123-31859-00 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: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>09/24/2010</u>	Date of First Production this formation: <u>09/27/2010</u>
Perforations Top: <u>6260</u> Bottom: <u>6522</u>	No. Holes: <u>100</u> Hole size: <u>42/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
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: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>09/08/2010</u> Hours: <u>24</u> Bbls oil: <u>84</u> Mcf Gas: <u>87</u> Bbls H2O: <u>29</u>	
Calculated 24 hour rate: Bbls oil: <u>84</u> Mcf Gas: <u>87</u> Bbls H2O: <u>29</u> GOR: <u>      </u>	
Test Method: <u>flowing</u> Casing PSI: <u>500</u> Tubing PSI: <u>      </u> Choke Size: <u>      </u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1311</u> API Gravity Oil: <u>38</u>	
Tubing Size: <u>      </u> Tubing Setting Depth: <u>      </u> Tbg setting date: <u>      </u> Packer Depth: <u>      </u>	
Reason for Non-Production: <u>      </u>	
Date formation Abandoned: <u>      </u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u>      </u>	
Bridge Plug Depth: <u>      </u> Sacks cement on top: <u>      </u>	

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. MCCOWENTitle: 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)