

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



DE ET OE ES

Document Number: 1636278

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) 440-6100
3. Address: P O BOX 21974 Fax: (720) 279-2331
City: BAKERSFIELD State: CA Zip: 93390

5. API Number 05-123-32711-00 6. County: WELD
7. Well Name: Antelope Well Number: 33-19
8. Location: QtrQtr: NESW Section: 19 Township: 5N Range: 62W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 04/13/2011 Date of First Production this formation: 04/22/2011
Perforations Top: 6430 Bottom: 6686 No. Holes: 88 Hole size: 40/100

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

CODELL PUMPED A TOTAL OF 46,074 GAL PAD FLUID. PUMPED 80,504 GAL PHASERFRAC W/241,841 LBS OF 20/40 SAND. FINAL ISDP 3065 PSI. 22.5 BPM, ATP 3332 PSI. NIOBRARA PUMPED A TOTAL OF 42,336 GAL PAD FLUID, PUMPED 95,508 PHASER FRAC W/261,000 OF 30/50 SAND. FINAL ISDP 3244 PSI, ATR 50.7 BPM ATP 4154 PSI.

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

Test Information:

Date: 04/28/2011 Hours: 24 Bbls oil: 54 Mcf Gas: 55 Bbls H2O: 5
Calculated 24 hour rate: Bbls oil: 54 Mcf Gas: 55 Bbls H2O: 5 GOR:
Test Method: FLOWING Casing PSI: 455 Tubing PSI: 0 Choke Size: 18/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1300 API Gravity Oil: 42
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:

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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: 5/18/2011 Email KAM@BONANZACRK.COM
:

Attachment Check List

Att Doc Num	Name
1636278	FORM 5A SUBMITTED
1636279	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)