

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
COMPLETED INTERVAL REPORT			Document Number: <div style="text-align: center; border: 1px solid black; padding: 5px;"> 1636183 </div>
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: <u>8960</u>	4. Contact Name: <u>KERRY MCCOWEN</u>
2. Name of Operator: <u>BONANZA CREEK ENERGY OPERATING COMPAN</u>	Phone: <u>(720) 440-6100</u>
3. Address: <u>P O BOX 21974</u>	Fax: <u>(720) 279-2331</u>
City: <u>BAKERSFIELD</u> State: <u>CA</u> Zip: <u>93390</u>	

5. API Number <u>05-123-32713-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Antelope</u>	Well Number: <u>32-19</u>
8. Location: QtrQtr: <u>SENW</u> Section: <u>19</u> Township: <u>5N</u> Range: <u>62W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>04/02/2011</u>	Date of First Production this formation: <u>04/22/2011</u>
Perforations Top: <u>6440</u> Bottom: <u>6702</u>	No. Holes: <u>88</u> Hole size: <u>40/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>

CODELL PUMPED A TOTAL OF 48,678 GAL PAD FLUID. PUMPED 84,168 GAL PHASERFRAC W/245,247 LBS OF 20/40 SAND. FINAL ISDP 2983 PSI, ATR 21.97 BPM, ATP 3407 PSI. NIOBRARA PUMPED A TOTAL OF 41,407 GAL PAD FLUID, PUMPED 90,285 PHASERFRAC W/256,845 OF 30/50 SAND. FINAL ISDP 3131 PSI, ATR 47.92 BPM, ATP 3913 PSI.

This formation is commingled with another formation: Yes No

Test Information:

Date: <u>04/28/2011</u>	Hours: <u>24</u>	Bbls oil: <u>54</u>	Mcf Gas: <u>82</u>	Bbls H2O: <u>5</u>
Calculated 24 hour rate:		Bbls oil: <u>54</u>	Mcf Gas: <u>82</u>	Bbls H2O: <u>5</u> GOR: _____
Test Method: <u>FLOWING</u>	Casing PSI: <u>651</u>	Tubing PSI: <u>0</u>	Choke Size: <u>18/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1300</u>	API Gravity Oil: <u>42</u>	
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
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Attachment Check List

Att Doc Num	Name
1636183	FORM 5A SUBMITTED
1636184	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)