

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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Document Number:

400192233

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 COMPANY Phone: (720) 440-8100
3. Address: P O BOX 21974 Fax: (720) 279-2331
City: BAKERSFIELD State: CA Zip: 93390

5. API Number 05-123-32707-00 6. County: WELD
7. Well Name: Antelope Well Number: 23-19
8. Location: QtrQtr: NESW Section: 19 Township: 5N Range: 62W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIORARA-CODELL Status: PRODUCING

Treatment Date: 04/13/2011 Date of First Production this formation: 04/22/2011

Perforations Top: 6378 Bottom: 6558 No. Holes: 88 Hole size: 40/100

Provide a brief summary of the formation treatment: Open Hole: ☐

CODELL PUMPED TOTAL OF 32,004 GAL PAD FLUID. PUMPED 98,910 GAL PHASERFRAC W/ 246,300 LBS OF 20/40 SAND. FINAL ISDP 3216 PSI, ATR 22.9 BPM, ATP 3735 PSI.
NIORARA PUMPED TOTAL OF 23,436 GAL PAD FLUID, PUMPED 110,670 PHASERFRAC W/ 260,780 OF 30/50 SAND. FINAL ISDP 3173 PSI, ATR 51.9 BPM, ATP 4309 PSI.

This formation is commingled with another formation: ☐ Yes ☒ 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: 1018

Test Method: FLOWING Casing PSI: 970 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: _____

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: KERRY MCCOWEN

Title: V.P. OPERATIONS Date: 8/3/2011 KAM@BONANZACRK.COM

Email
:

Attachment Check List

Att Doc Num	Name
400192233	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)