

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:

2587514

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) 440-6100

3. Address: P O BOX 21974

Fax: (720) 279-2331

City: BAKERSFIELD State: CA Zip: 93390

5. API Number	05-123-33028-00
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6. County: WELD

7. Well Name: Antelope

Well Number: 21-17

8. Location: QtrQtr: NENW Section: 17 Township: 5N Range: 62W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 05/06/2011

Date of First Production this formation: 06/15/2011

Perforations	Top:	6304	Bottom:	6564	No. Holes:	88	Hole size:	40/100
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Provide a brief summary of the formation treatment:

Open Hole: 

CODELL PUMPED 41,328 GAL PAD FLUID. PUMPED 84,294 GAL PHASERFRAC W/246,260 LBS 20/40 SAND. ISDP 2820 PSI. ATP 3113 PSI. ATR 22.8 BPM. NIOBRARA PUMPED 30,996 PAD FLUID. PUMPED 92,358 GAL PHASERFRAC W/260,400 LBS. 30/50 SAND. ISDP 3015 PSI.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date:	07/08/2011	Hours:	24	Bbls oil:	52	Mcf Gas:	16	Bbls H2O:	3
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Calculated 24 hour rate:	Bbls oil:	52	Mcf Gas:	16	Bbls H2O:	3	GOR:	307
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Test Method: FLOWING	Casing PSI:	Tubing PSI:	Choke Size: 18/64
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Gas Disposition:	SOLD	Gas Type:	WET	BTU Gas:	1300	API Gravity Oil:	25
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Tubing Size:	Tubing Setting Depth:	Tbg setting date:	Packer Depth:
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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: 7/15/2011 Email: KAM@BONANZACRK.COM

Attachment Check List

Att Doc Num	Name
2587513	WELLBORE DIAGRAM
2587514	FORM 5A SUBMITTED
2587515	WELLBORE DIAGRAM

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)