

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:

2587512

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 05-123-32748-00

6. County: WELD

7. Well Name: Antelope

Well Number: 13-17

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

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 05/14/2011

Date of First Production this formation: 05/30/2011

Perforations Top: 6294 Bottom: 6549 No. Holes: 80 Hole size: 40/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

CODELL PUMPED 46,074 GAL PAD FLUID. PUMPED 97,104 GAL PHASERFRAC W/250,180 LBS 20/40 SAND. ISDP 2795 PSI, ATP 3267 PSI, ATR 22.5 BPM. NIOBRARA PUMPED 37,674 PAD FLUID. PUMPED 93,996 GAL PHASERFRAC W/260,040 LBS. 30/50 SAND. ISDP 2901 PSI, ATP 3663 PSI, ATR 51.5 BPM.

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

Test Information:

Date: 07/09/2011 Hours: 24 Bbls oil: 35 Mcf Gas: 42 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 35 Mcf Gas: 42 Bbls H2O: 0 GOR:

Test Method: FLOWING Casing PSI: 970 Tubing PSI: Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1300 API Gravity Oil: 25

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 A. MCCOWEN

Title: VP OPERATIONS Date: 7/15/2011 Email KAM@BONANZACRK.COM

### Attachment Check List

| Att Doc Num | Name              |
|-------------|-------------------|
| 2587512     | FORM 5A SUBMITTED |

Total Attach: 1 Files

### General Comments

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