

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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COMPLETED INTERVAL REPORT

Document Number: 2587512

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
2. Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY
3. Address: P O BOX 21974
City: BAKERSFIELD State: CA Zip: 93390
4. Contact Name: KERRY MCCOWEN
Phone: (720) 440-6100
Fax: (720) 279-2331

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 [X] 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

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

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