

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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COMPLETED INTERVAL REPORT

Document Number:
2587743

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 MCGOWEN
Phone: (720) 440-6100
Fax:

5. API Number 05-123-33173-00
6. County: WELD
7. Well Name: Antelope
Well Number: 22-29
8. Location: QtrQtr: SWNW Section: 29 Township: 5N Range: 62W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 06/09/2011 Date of First Production this formation: 06/23/2011

Perforations Top: 6288 Bottom: 6636 No. Holes: 80 Hole size: 40/100

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

CD PUMPED 37,422 GAL FLUID. PUMPED 83,622 GL PHASERFRAC W/250,000 LBS 20/40 SAND. ISDP 3057 PSI. ATP 3232 PSI. ATR 23.3 BPM. NB PUMPED 26,838 PAD FLUID. PUMPED 93,786 GAL PHASERFRAC W/260,666 LBS 30/50 SAND. ISDP 3100PSI, ATP 3765 PSI, ATR 51BPM

This formation is commingled with another formation: Yes No

Test Information:

Date: 07/26/2011 Hours: 24 Bbls oil: 62 Mcf Gas: 24 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 62 Mcf Gas: 24 Bbls H2O: 0 GOR: 387

Test Method: FLOWING Casing PSI: 297 Tubing PSI: Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1300 API Gravity Oil: 41

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 MCGOWEN

Title: VP OPS Date: 8/4/2011 Email:

Attachment Check List

Att Doc Num	Name
2587743	FORM 5A SUBMITTED
2587744	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)