

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: 2285094

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 05-123-32840-00
6. County: WELD
7. Well Name: Antelope
Well Number: 12-31
8. Location: QtrQtr: LOT 2 Section: 31 Township: 5N Range: 62W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 08/21/2011 Date of First Production this formation: 09/01/2011

Perforations Top: 6316 Bottom: 6561 No. Holes: 84 Hole size: 40/100

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

CODELL PUMPED 32,508 GAL PAD FLUID. PUMPED 100,338 GAL PHASERFRAC W/220,000 LBS 20/40 SAND. ISDP 3194 PSI. ATP 22.3 BPM. NIOBRARA PUMPED PAD FLUID. PUMPED GAL PHASERFRAC W/ LBS. 30/50 SAND. ISDP PSI, ATP PSI, ATR BPM.

This formation is commingled with another formation: [ ] Yes [X] No

Test Information:

Date: 09/24/2011 Hours: 24 Bbls oil: 34 Mcf Gas: 43 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 34 Mcf Gas: 43 Bbls H2O: 0 GOR:

Test Method: FLOWING Casing PSI: 704 Tubing PSI: Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1283 API Gravity Oil: 40

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: 10/6/2011 Email: KAM@BONANZACRK.COM

### Attachment Check List

Att Doc Num	Name
2285094	FORM 5A SUBMITTED
2285095	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

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

Total: 0 comment(s)