

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 2285989

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
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: (720) 279-2331

5. API Number 05-123-32882-00
6. County: WELD
7. Well Name: Antelope
Well Number: 34-31
8. Location: QtrQtr: SWSE Section: 31 Township: 5N Range: 62W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 09/12/2011 Date of First Production this formation: 09/25/2011
Perforations Top: 6304 Bottom: 6576 No. Holes: 88 Hole size: 40/100
Provide a brief summary of the formation treatment: Open Hole: []
CODELL PUMPED 32,508 GAL PAD FLUID. PUMPED 108,570 GAL PHASERFRAC W/243,900 LBS 20/40 SAND. ISDP 3229 PSI, ATP 3593 PSI, ATR 23.1 BPM. NIOBRARA PUMPED 19,530 PAD FLUID. PUMPED 120,414 GAL PHASER FRAC W/260,000 LBS. 30/50 SAND. ISDP 3151 PSI, ATP 3759 PSI, ATR 43.1 BPM.

This formation is commingled with another formation: [] Yes [X] No
Test Information:
Date: 10/03/2011 Hours: 24 Bbls oil: 26 Mcf Gas: 30 Bbls H2O: 18
Calculated 24 hour rate: Bbls oil: 26 Mcf Gas: 30 Bbls H2O: 18 GOR:
Test Method: FLOWING Casing PSI: 532 Tubing PSI: Choke Size: 18/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1283 API Gravity Oil: 39
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: 10/27/2011 Email: KAM@BONANZACRK.COM

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 2285989 | FORM 5A SUBMITTED |
| 2285990 | WELLBORE DIAGRAM |

Total Attach: 2 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
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Total: 0 comment(s)