

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:
2287044

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: STEPHEN R. WOLFE
 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 05-123-34087-00 6. County: WELD
 7. Well Name: Antelope Well Number: 33-17
 8. Location: QtrQtr: NESE Section: 17 Township: 5N Range: 62W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 10/30/2011 Date of First Production this formation: 11/21/2011

Perforations Top: 6458 Bottom: 6720 No. Holes: 80 Hole size: 42/100

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

CODL PUMPED 46,000 GAL PAD FLUID AND 83,700 GAL PHASERFRAC W/245,000 LBS 30/50 SAND. ISDP 2788 PSI; ATP 3110 PSI; ATR 23.0 BPM. NBRR PUMPED 38,200 GAL PAD FLUID AND 91,800 GAL PHASERFRAC W/260,000 LBS 30/50 SAND. ISDP 2945 PSI; ATP 3748 PSI; ATR 51.0 BPM.

This formation is commingled with another formation: Yes No

Test Information:

Date: 11/22/2011 Hours: 24 Bbls oil: 65 Mcf Gas: 21 Bbls H2O: 21

Calculated 24 hour rate: Bbls oil: 65 Mcf Gas: 21 Bbls H2O: 21 GOR: _____

Test Method: FLOWING Casing PSI: 187 Tubing PSI: _____ Choke Size: _____

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1315 API Gravity Oil: 38

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: STEPHEN R. WOLFE

Title: SR PRODUCTION ENG Date: 1/20/2012 Email SWOLFE@BONANZACRK.COM

Attachment Check List

Att Doc Num	Name
2287044	FORM 5A SUBMITTED
2287045	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)