

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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Document Number:

2287044

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

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
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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	Bbbs oil:	65	Mcf Gas:	21	Bbbs H2O:	21
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Calculated 24 hour rate:	Bbls oil:	65	Mcf Gas:	21	Bbls H2O:	21	GOR:
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Test Method: FLOWING	Casing PSI: 187	Tubing PSI:	Choke Size:
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Gas Disposition:	SOLD	Gas Type:	DRY	BTU Gas:	1315	API Gravity Oil:	38
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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)