

FORM
5A

Rev
06/12

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400317226

Date Received:

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: 410 17TH STREET SUITE #1400
City: DENVER State: CO Zip: 80202

4. Contact Name: Russel Schucker
Phone: (720) 440-6100
Fax: (720) 279-2331

5. API Number 05-123-33717-00
6. County: WELD
7. Well Name: Antelope
Well Number: 32-17
8. Location: QtrQtr: NENE Section: 17 Township: 5N Range: 62W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 09/17/2012 End Date: 09/07/2012 Date of First Production this formation: 09/29/2011

Perforations Top: 7021 Bottom: 7030 No. Holes: 36 Hole size: 4/10

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

CODELL PUMPED 32,508 GAL PAD FLUID. PUMPED 11,850 GAL PHASERFRAC W/245,000 LBS 20/40 SAND. ISDP 2933 PSI, ATP 3120 PSI, ATR 23.1 BPM.

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 3199 Max pressure during treatment (psi): 4023

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment: Max frac gradient (psi/ft): 0.85

Total acid used in treatment (bbl): 12 Number of staged intervals: 1

Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 2157

Fresh water used in treatment (bbl): 3199 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 245000 Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:

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: ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 09/07/2012 End Date: 09/07/2012 Date of First Production this formation: 09/29/2011

Perforations Top: 6770 Bottom: 6920 No. Holes: 48 Hole size: 4/10

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

PUMPED 117,432 GAL PHASER FRAC W/260, 440 LBS. 30/50 SAND. ISDP 3006 PSI, ATP 4116 PSI, ATR 59.6 BPM

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 3262 Max pressure during treatment (psi): 4023

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Max frac gradient (psi/ft): 0.85

Total acid used in treatment (bbl): 12 Number of staged intervals: 3

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 2157

Fresh water used in treatment (bbl): 3262 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 260440 Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____

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

Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____

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: _____ ** Wireline and Cement Job Summary must be attached.

Comment: _____

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Robert Tucker

Title: Engineering Tech Date: _____ Email: rtucker@bonananzacrk.com

Attachment Check List

Att Doc Num	Name
400317244	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)