

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:

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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 05-123-32879-00  
6. County: WELD  
7. Well Name: Antelope Well Number: 23-31  
8. Location: QtrQtr: NESW Section: 31 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: 09/09/2011 End Date: 09/09/2011 Date of First Production this formation: 09/25/2011

Perforations Top: 6838 Bottom: 6847 No. Holes: 36 Hole size: 4/10

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

Codell pumped 32,550 gal pad fluid. umped 100,590 gal phaserfrac W/250, 840 lbs 20/40 sand. ISDP 3141 psi, ATP 3985 psi, ATR 22.4 BPM.

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

Total fluid used in treatment (bbl): 3170

Max pressure during treatment (psi): 4678

Total gas used in treatment (mcf):

Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment:

Max frac gradient (psi/ft): 0.90

Total acid used in treatment (bbl): 12

Number of staged intervals: 1

Recycled water used in treatment (bbl): 3158

Flowback volume recovered (bbl): 2189

Fresh water used in treatment (bbl):

Disposition method for flowback:

Total proppant used (lbs): 250840

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: 09/09/2011 End Date: 09/09/2011 Date of First Production this formation: 09/24/2011  
Perforations Top: 6588 Bottom: 6728 No. Holes: 48 Hole size: 4/10

Provide a brief summary of the formation treatment:

Open Hole: ☐

Niobrara pumped 20412 pad fluid. pumped 117726 gal phaser frac W/260060 lbs. 30/50 sand. ISDP 3147 psi, ATP 4200 PSI, ATR 53.1 BPM.

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

Total fluid used in treatment (bbl): 3289

Max pressure during treatment (psi): 4729

Total gas used in treatment (mcf):

Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment:

Max frac gradient (psi/ft): 0.90

Total acid used in treatment (bbl): 12

Number of staged intervals: 3

Recycled water used in treatment (bbl):

Flowback volume recovered (bbl): 2189

Fresh water used in treatment (bbl):

Disposition method for flowback:

Total proppant used (lbs): 260060

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@bonanzacrk.com

#### Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

#### General Comments

User Group Comment Comment Date

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Total: 0 comment(s)