

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400316962

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: [X] 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**

User Group	Comment	Comment Date

Total: 0 comment(s)