FORM 5A	State of Colorado		DE	ET	OE	ES

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

COMPLETED INTERVAL REPORT

DE	ET	OE	ES

Document Number:

2288032

Date Received:

04/27/2012

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: KERRY MCCOWEN

   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: NIOBRARA-CODELL   Status: PRODUCING   Treatment Type: FRACTURE STIMULATION

Treatment Date: 09/10/2011   End Date: Date of First Production this formation: 09/16/2011

Perforations   Top: 6847   Bottom: 6588   No. Holes: 80   Hole size: 40/100

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

CODELL PUMPED 32,550 GAL PAD FLUID. PUMPED 100,590 GAL PHASERFRAC W/250,840 LBS 20/40 SAND. ISDP 3141 PSI, ATP 3985 PSI, ATR 22.4 BPM. NIOBRARA PUMPED 20,412 PAD FLUID. PUMPED 117,726 GAL PHASER FRAC W/260,060 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): _____   Max pressure during treatment (psi): _____

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

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

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

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

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

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

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 09/25/2011   Hours: 24   Bbl oil: 33   Mcf Gas: 35   Bbl H2O: 24

Calculated 24 hour rate: Bbl oil: 33   Mcf Gas: 35   Bbl H2O: 24   GOR: 1060

Test Method: FLOWING   Casing PSI: 450   Tubing PSI: _____   Choke Size: 18/64

Gas Disposition: SOLD   Gas Type: WET   Btu Gas: 1283   API Gravity Oil: 40

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: KERRY A. MCCOWEN

Title: VP OPERATIONS   Date: 10/6/2011   Email: KAM@BONANZACRK.COM

Attachment Check List

Att Doc Num	Name
2288032	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
Permit	Off Hold. Operator corrected formation tops and submitted an addtional form 5A. Based on provided test information input GOR and frac type.	10/24/2012 12:27:26 PM
Permit	On Hold. Requested corrected formation tops for form 5.	9/24/2012 3:14:55 PM
Permit	On Hold. Requested additional form 5A for NBRR and CODL	3/3/2012 7:30:38 AM

Total: 3 comment(s)