

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



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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 4. Contact Name: Russell Schucker
 2. Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY Phone: (720) 4406177
 3. Address: 410 17TH STREET SUITE #1400 Fax: _____
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-35126-00 6. County: WELD
 7. Well Name: Antelope Well Number: P-19
 8. Location: QtrQtr: SENE Section: 19 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: 05/18/2012 End Date: 05/18/2012 Date of First Production this formation: 06/28/2012

Perforations Top: 6946 Bottom: 6956 No. Holes: 40 Hole size: 4/10

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

Codell pumped 32760 gals pad fluid. pumped 115,164 gals of SLF. pumped 245080 lbs of 20/40 Ottawa sand (1-4 ppg), Final ISDP=3060 psi. Ave press=3569 psi. Ave rate =22.5 bpm.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 2975 Max pressure during treatment (psi): 4827

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 1.00

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 2.00

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

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 1134

Fresh water used in treatment (bbl): 2963 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 245080 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: SOLD Gas Type: WET 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-CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/18/2012 End Date: 05/18/2012 Date of First Production this formation: 06/28/2012

Perforations Top: 6692 Bottom: 6956 No. Holes: 88 Hole size: 4/10

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

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: 07/15/2012 Hours: 24 Bbl oil: 19 Mcf Gas: 28 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 19 Mcf Gas: 28 Bbl H2O: 0 GOR: 23

Test Method: flowing Casing PSI: 1444 Tubing PSI: 478 Choke Size: _____

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1348 API Gravity Oil: 42

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7106 Tbg setting date: 05/21/2012 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: 05/18/2012 End Date: 05/18/2012 Date of First Production this formation: 06/28/2012
Perforations Top: 6692 Bottom: 6846 No. Holes: 48 Hole size: 4/10

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

Niobrara pumped 20832 gals of pad fluid. pumped 115710 gals of SLF. Pumped 260400 lbs of 30/50 Ottawa sand (1-4 ppg). Final ISDP= 3086 psi. ave. press. = 3922 psi. ave. rate=50.1 bpm.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): <u>2975</u>	Max pressure during treatment (psi): <u>4827</u>
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): <u>1.00</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.92</u>
Total acid used in treatment (bbl): <u>12</u>	Number of staged intervals: <u>2</u>
Recycled water used in treatment (bbl): _____	Flowback volume recovered (bbl): <u>1134</u>
Fresh water used in treatment (bbl): <u>2963</u>	Disposition method for flowback: <u>DISPOSAL</u>
Total proppant used (lbs): <u>505480</u>	Rule 805 green completion techniques were utilized: <input type="checkbox"/>

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
400347593	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)