

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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: Robert Tucker
Phone: (970) 440-6100
Fax: (720) 273-2331

5. API Number 05-123-35133-00
6. County: WELD
7. Well Name: Antelope
Well Number: B-19
8. Location: QtrQtr: NENW 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: 06/02/2012 End Date: 06/02/2012 Date of First Production this formation: 06/29/2012

Perforations Top: 6918 Bottom: 6928 No. Holes: 40 Hole size: 40/100

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

Codel pumped 3191 bbls of fluid with 238100 lbs 20/40 sand Avg Rate 22.5 bpm, Avg P 3355 psi, Final ISDP 3055 psi

This formation is commingled with another formation: [X] Yes [] No

Total fluid used in treatment (bbl): 3191 Max pressure during treatment (psi): 3355

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.30

Type of gas used in treatment: Min frac gradient (psi/ft): 0.87

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

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 1131

Fresh water used in treatment (bbl): 3179 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 238100 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-CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: _____ End Date: _____ Date of First Production this formation: _____

Perforations Top: 6668 Bottom: 6928 No. Holes: 88 Hole size: 40/100

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: 07/27/2012 Hours: 72 Bbl oil: 121 Mcf Gas: 127 Bbl H2O: 3

Calculated 24 hour rate: Bbl oil: 40 Mcf Gas: 42 Bbl H2O: 1 GOR: 0

Test Method: flowing Casing PSI: 756 Tubing PSI: 655 Choke Size: _____

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1309 API Gravity Oil: 42

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6896 Tbg setting date: 09/19/2012 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: 06/02/2012 End Date: 06/02/2102 Date of First Production this formation: 06/29/2012
Perforations Top: 6668 Bottom: 6820 No. Holes: 48 Hole size: 40/100

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

Niobrara pumped 3226 bbls of fluid with 261400 lbs 20/40 sand, Avg Rate 27.9 bpm, Avg 3642 psi, Final ISDP 3104 psi.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 3226 Max pressure during treatment (psi): 3642

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.91

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

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 1131

Fresh water used in treatment (bbl): 3214 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 261400 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@bonanzacr.com

Attachment Check List

Att Doc Num	Name
400379845	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)