

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: Olga Chikaloff
 2. Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY Phone: (720) 440-1600
 3. Address: 410 17TH STREET SUITE #1400 Fax: (720) 279-2331
 City: DENVER State: CO Zip: 80202 Email: ochikaloff@bonanzacrck.com

5. API Number 05-123-38589-00 6. County: WELD
 7. Well Name: State Antelope Well Number: U-Y-30HNB
 8. Location: QtrQtr: NENE Section: 30 Township: 5N Range: 62W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/17/2014 End Date: 03/18/2014 Date of First Production this formation: 04/03/2014

Perforations Top: 6952 Bottom: 10960 No. Holes: _____ Hole size: _____

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

18 Stage Niobrara pumped a total of 57,035 bbls of Fluid (Phaser) and 4,186,780 # of sand (40/70 Ottawa, 30/50 Ottawa, 20/40 Prop Star); ATP 4,297 psi, ATR 51.00 bpm, Final ISDP 3,394 psi; completed with sliding sleeves and casing packers.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 57035 Max pressure during treatment (psi): 4965
 Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.33
 Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.96
 Total acid used in treatment (bbl): _____ Number of staged intervals: 18
 Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 8260
 Fresh water used in treatment (bbl): 57035 Disposition method for flowback: DISPOSAL
 Total proppant used (lbs): 4186780 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/19/2014 Hours: 72 Bbl oil: 1221 Mcf Gas: 1278 Bbl H2O: 912
 Calculated 24 hour rate: Bbl oil: 407 Mcf Gas: 426 Bbl H2O: 304 GOR: 1047
 Test Method: Flowing Casing PSI: 989 Tubing PSI: 431 Choke Size: _____
 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1311 API Gravity Oil: 43
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6730 Tbg setting date: 03/26/2014 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:

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I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Olga Chikaloff
Title: Engineering Technician Date: _____ Email: ochikaloff@bonanzacrk.com
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400605642	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)