

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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Document Number:

2286520

Date Received:

12/13/2011

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: P O BOX 21974
City: BAKERSFIELD State: CA Zip: 93390

4. Contact Name: KERRY MCCOWEN
Phone: (720) 440-6100
Fax: (720) 279-2331
Email: KAM@BONANZACRK.COM

5. API Number 05-123-34097-00
6. County: WELD
7. Well Name: Antelope
Well Number: 44-17
8. Location: QtrQtr: NESE Section: 17 Township: 5N Range: 62W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type:
Treatment Date: 11/05/2011 End Date: Date of First Production this formation: 11/21/2011
Perforations Top: 6560 Bottom: 6806 No. Holes: 80 Hole size: 40/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

CODELL PUMPED 32,508 GAL PAD FLUID. PUMPED 101,808 GAL PHASERFRAC W/245,900 LBS 20/40 SAND. ISDP 2896 PSI, ATP 3256 PSI, ATR 22.3 BPM. NIOBRARA PUMPED 19,572 PAD FLUID. PUMPED 119,742 GAL PHASER FRAC W/260,630 LBS. PSI, 30/50 SAND. ISDP 2895 PSI ATP 3637 PSI, ATR 50.1 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: 11/22/2011 Hours: 24 Bbl oil: 65 Mcf Gas: 26 Bbl H2O: 21
Calculated 24 hour rate: Bbl oil: 65 Mcf Gas: 26 Bbl H2O: 21 GOR: 1690
Test Method: FLOWING Casing PSI: 713 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: 12/12/2011 Email KAM@BONANZACRK.COM
:

Attachment Check List

Att Doc Num **Name**

2286520	COMPLETED INTERVAL REPORT
2286521	WELLBORE DIAGRAM
400244012	FORM 5A SUBMITTED

Total Attach: 3 Files

General Comments

User Group **Comment**

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)