

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:

2537413

Date Received:

05/18/2011

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) 273-2331
Email: KAM@BONANAZACRK.COM

5. API Number 05-123-32884-00
7. Well Name: Antelope
8. Location: QtrQtr: SESW Section: 17 Township: 5N Range: 62W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD
Well Number: 23-17

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: _____
Treatment Date: 04/13/2011 End Date: _____ Date of First Production this formation: 04/22/2011
Perforations Top: 6378 Bottom: 6558 No. Holes: 88 Hole size: 040/100
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

CODELL PUMPED TOTAL OF 32,004 GAL PAD FLUID. PUMPED 98,910 GAL PHASERFRACE W/246,300 LBS OF 20/40 SAND. FINAL ISDP 3216 PSI, ATR 22.9 BPM, ATP 3735 PSI.
NIOBRARA PUMPED TOTAL OF 23,436 GAL PAD FLUID, PUMPED 110,670 PHASERFRACE W/260,780 OF 30/50 SAND. FINAL ISDP 3173 PSI, ATR 51.9 BPM, ATP 4309 PSI.

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: 04/28/2011 Hours: 24 Bbl oil: 54 Mcf Gas: 55 Bbl H2O: 5
Calculated 24 hour rate: Bbl oil: 54 Mcf Gas: 55 Bbl H2O: 5 GOR: 1018
Test Method: FLOWING Casing PSI: 970 Tubing PSI: 0 Choke Size: 18/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1300 API Gravity Oil: 42
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 MCCOWEN
Title: V.P.OPERATIONS Date: 5/18/2011 Email: KAM@BONANAZACRK.COM
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Attachment Check List

Att Doc Num **Name**

2537413 COMPLETED INTERVAL REPORT

Total Attach: 1 Files

General Comments

User Group **Comment**

Comment Date

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)