

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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2537413

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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.

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| 1. OGCC Operator Number: <u>8960</u> | 4. Contact Name: <u>KERRY MCCOWEN</u> |
| 2. Name of Operator: <u>BONANZA CREEK ENERGY OPERATING COMPANY</u> | Phone: <u>(720) 440-6100</u> |
| 3. Address: <u>P O BOX 21974</u> | Fax: <u>(720) 273-2331</u> |
| City: <u>BAKERSFIELD</u> State: <u>CA</u> Zip: <u>93390</u> | Email: <u>KAM@BONANAZACRK.COM</u> |

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|--|---------------------------|
| 5. API Number <u>05-123-32884-00</u> | 6. County: <u>WELD</u> |
| 7. Well Name: <u>Antelope</u> | Well Number: <u>23-17</u> |
| 8. Location: QtrQtr: <u>SESW</u> Section: <u>17</u> Township: <u>5N</u> Range: <u>62W</u> Meridian: <u>6</u> | |
| 9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u> | |

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

Attachment Check List

| Att Doc Num | Name |
|-------------|---------------------------|
| 2537413 | COMPLETED INTERVAL REPORT |

Total Attach: 1 Files

General Comments

| User Group | Comment | Comment Date |
|------------|---------|---------------------|
| | | Stamp Upon Approval |

Total: 0 comment(s)