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: 400441410

Date Received: 09/06/2013

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: Olga Chikaloff
Phone: (720) 440-6157
Fax: (720) 279-2331
Email: ochikaloff@bonanzacrk.com

5. API Number 05-123-34914-00
6. County: WELD
7. Well Name: Antelope
Well Number: L-17
8. Location: QtrQtr: NENW Section: 17 Township: 5N Range: 62W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type:

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

Perforations Top: 6634 Bottom: 6642 No. Holes: 32 Hole size: 0.42

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

Producing Interval: 6634'-6642'.
3155 total bbls fluid pumped: 3143 bbls fresh water (Slurry), 12 bbls 15% HCl acid;
245140 total lbs proppant pumped: 20/40 Sand.

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 3155
Max pressure during treatment (psi): 3984
Total gas used in treatment (mcf):
Fluid density at initial fracture (lbs/gal): 8.34
Type of gas used in treatment:
Min frac gradient (psi/ft): 0.85
Total acid used in treatment (bbl): 12
Number of staged intervals: 1
Recycled water used in treatment (bbl):
Flowback volume recovered (bbl): 1084
Fresh water used in treatment (bbl): 3143
Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 245140
Rule 805 green completion techniques were utilized: ☐
Reason why green completion not utilized: PIPELINE

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: 03/02/2012 End Date: 03/02/2012 Date of First Production this formation: 04/21/2012

Perforations Top: 6388 Bottom: 6642 No. Holes: 80 Hole size: 0.42

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: 04/21/2012 Hours: 24 Bbl oil: 15 Mcf Gas: 132 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 15 Mcf Gas: 132 Bbl H2O: 0 GOR: 8800

Test Method: FLOWING Casing PSI: 1182 Tubing PSI: 919 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1315 API Gravity Oil: 41

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6363 Tbg setting date: 09/17/2013 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:

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

Perforations Top: 6388 Bottom: 6536 No. Holes: 48 Hole size: 0.42

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

Producing Interval: 6388'-6536'.
3455 total bbls fluid pumped: 3443 bbls fresh water (Slurry), 12 bbls 15% HCl acid;
261140 total lbs proppant pumped: 20/40 Sand.

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 3455 Max pressure during treatment (psi): 3869

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

Type of gas used in treatment: Min frac gradient (psi/ft): 0.88

Total acid used in treatment (bbl): 12 Number of staged intervals: 3

Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 1084

Fresh water used in treatment (bbl): 3443 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 261140 Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: PIPELINE

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: Olga Chikaloff

Title: Engineering Technician Date: 9/6/2013 Email: ochikaloff@bonanzacrk.com

Attachment Check List

Att Doc Num	Name
400441410	FORM 5A SUBMITTED
400441412	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date
Permit	• Removed treatment "Type", "Start Date", "End Date", and "Date of first production this formation" from individual "Commingled" formation panels; only required on combined "Producing" panel. • Per operator, removed treatment info and summary from combined "Producing" panel and added info to individual "Commingled" panels; formations treated separately.	08/09/2018

Total: 1 comment(s)