

FORM
5A
Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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COMPLETED INTERVAL REPORT

Document Number:
2510215

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 COMPAN
3. Address: P O BOX 21974
City: BAKERSFIELD State: CA Zip: 93390
4. Contact Name: KERRY MCGOWEN
Phone: (720) 279-2330
Fax: (720) 79-2331

5. API Number 05-123-30516-00
6. County: WELD
7. Well Name: ANTELOPE Well Number: 11-18
8. Location: QtrQtr: NWNW Section: 18 Township: 5N Range: 62W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 06/05/2010 Date of First Production this formation: 07/01/2010
Perforations Top: 6258 Bottom: 6520 No. Holes: 100 Hole size: 42/100
Provide a brief summary of the formation treatment: Open Hole:
CODELL PUMPED A TOTAL OF 44,300 GALS OF PAD FLUID. PUMP 83,250 GALS OF DF-2WR WITH 246,400 LBS OF 20/40 SAND (1-4 PPG). FINAL ISDP = 3,013 PSI AVE PRESS = 3,307 PSI; AVE. RATE=19.8 BPM. NIOBRARA PUMPED A TOTAL OF 38,800 GALS OF PAD FLUID; 92,500 GAL PHASER WITH 260,000# OF 30/50 SAND (1-4 PGG). FINAL ISDP=3,074 PSI; AVE PRESS=3,751 PSI, AVE RATE=42.6 BPM.
This formation is commingled with another formation: Yes No
Test Information:
Date: 07/03/2010 Hours: 24 Bbls oil: 54 Mcf Gas: 38 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 54 Mcf Gas: 38 Bbls H2O: 0 GOR:
Test Method: flowing Casing PSI: Tubing PSI: Choke Size: 18/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1311 API Gravity Oil: 39
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:

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: 7/15/2010

Email KAM@BONANZACRK.COM

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Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____

David S. Neslin

Director of COGCC

Date: 11/3/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2510215	FORM 5A SUBMITTED	LF@2526950 2510215
2510216	WELLBORE DIAGRAM	LF@2526951 2510216

Total Attach: 2 Files