

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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Document Number:

2510215

**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 4. Contact Name: KERRY MCGOWEN  
2. Name of Operator: BONANZA CREEK ENERGY OPERATING COMPAN Phone: (720) 279-2330  
3. Address: P O BOX 21974 Fax: (720) 79-2331  
City: BAKERSFIELD State: CA Zip: 93390

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: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>06/05/2010</u>	Date of First Production this formation: <u>07/01/2010</u>
Perforations Top: <u>6258</u> Bottom: <u>6520</u>	No. Holes: <u>100</u> Hole size: <u>42/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
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: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>07/03/2010</u> Hours: <u>24</u> Bbls oil: <u>54</u> Mcf Gas: <u>38</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: Bbls oil: <u>54</u> Mcf Gas: <u>38</u> Bbls H2O: <u>0</u> GOR: _____	
Test Method: <u>flowing</u> Casing PSI: _____ Tubing PSI: _____ Choke Size: <u>18/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1311</u> API Gravity Oil: <u>39</u>	
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____	
Reason for Non-Production: _____	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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