

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:
2510217

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 MCCOWEN
Phone: (720) 2792330
Fax: (720) 279-2331

5. API Number 05-123-30513-00
6. County: WELD
7. Well Name: ANTELOPE Well Number: 22-18
8. Location: QtrQtr: SENW Section: 18 Township: 5N Range: 62W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 05/25/2010 Date of First Production this formation: 06/15/2010

Perforations Top: 6250 Bottom: 6512 No. Holes: 92 Hole size: 42/100

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

CODELL PUMED A TOTAL OF 46,000 GALS OF PAD FLUID. PUMP 82,660 GALS OF PHASER WITH 245,000 LBS OF 20/40 SAND (1-4 PPG). FINAL ISDP=3,223 PSI, AVE PRESS=3,399 PSI; AVE. RATE=22.1 BPM. NIOBRARA PUMPED A TOTAL OF 37,980 GALS OF PAD FLUID; 94,350 GAL PHASER WITH 260,000# OF 30/50 SAND (1-4 PPG). FINAL ISDP=3,143 PSI; AVE PRESS=4,067 PSI, AVE RATE=49.5BPM.

This formation is commingled with another formation: Yes No

Test Information:

Date: 06/06/2010 Hours: 24 Bbls oil: 67 Mcf Gas: 122 Bbls H2O: 3

Calculated 24 hour rate: _____ Bbls oil: 67 Mcf Gas: 122 Bbls H2O: 3 GOR: 1821

Test Method: flowing Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1311 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: _____

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
2510217	FORM 5A SUBMITTED	LF@2526948 2510217
2510218	WELLBORE DIAGRAM	LF@2526949 2510218

Total Attach: 2 Files