

**FORM  
5A**Rev  
02/08State 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**

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.

Document Number:

2510217

1. OGCC Operator Number: 8960 4. Contact Name: KERRY MCCOWEN  
2. Name of Operator: BONANZA CREEK ENERGY OPERATING COMPAN Phone: (720) 2792330  
3. Address: P O BOX 21974 Fax: (720) 279-2331  
City: BAKERSFIELD State: CA Zip: 93390

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 IntervalFORMATION: 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