

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:

2071321

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

5. API Number 05-123-30511-00 6. County: WELD
 7. Well Name: ANTELOPE Well Number: 13-19
 8. Location: QtrQtr: NWSW Section: 19 Township: 5N Range: 62W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 08/07/2010 Date of First Production this formation: 08/15/2010

Perforations Top: 6270 Bottom: 6532 No. Holes: 92 Hole size: 42/100

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

CODELL 32,004 GAL PAD FLUID & 97,398 AL PHASERFRAC GEL WITH 245,060 LBS 20/40 SAND. ISDP 3121 PSI, AVG PRESSURE 3475 PSI, AVG RATE 23 BPM. NIOBRARA 24,234 GAL PAD FLUID & 110,586 GAL PHASERFRAC GEL WITH 260,720 LBS 30/50 SAND. ISDP 3067 PSI, AVG PRESSURE 3986 PSI, AVG RATE 50.7 BPM.

This formation is commingled with another formation: Yes No

Test Information:

Date: 08/25/2010 Hours: 24 Bbls oil: 87 Mcf Gas: 81 Bbls H2O: 8

Calculated 24 hour rate: Bbls oil: 87 Mcf Gas: 81 Bbls H2O: 8 GOR:

Test Method: FLOWING Casing PSI: 850 Tubing PSI: Choke Size:

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1311 API Gravity Oil: 41

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: V.P. OPERATIONS Date: 9/16/2010 Email KAM@BONANZACRK.COM

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: 12/10/2010

Attachment Check List

Att Doc Num	Name
2071321	FORM 5A SUBMITTED
2071322	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)