

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: 2591826

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 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 05-123-31829-00 6. County: WELD
7. Well Name: Antelope Well Number: 24-18
8. Location: QtrQtr: NESW Section: 18 Township: 5N Range: 62W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 11/04/2010 Date of First Production this formation: 11/14/2010
Perforations Top: 6312 Bottom: 6576 No. Holes: 100 Hole size: 40/100

Provide a brief summary of the formation treatment: Open Hole: [ ]
CODL PUMPED 31962 GAL PAD FLUID AND 97524 GAL PHASERFRAC WITH 245280 LBS 20/40 SAND, ISDP 3056 PSI; ATR 22.6 PBM; ATP 3645 PSI. NBRR PUMPED 26502 GAL PAD FLUID AND 109021 PHASERFRAC WITH 247000 LBS 30/50 SAND. ISDP 3002 PSI; ATR 50.8 BPM; ATP 3844 PSI.

This formation is commingled with another formation: [ ] Yes [X] No

Test Information:

Date: 12/06/2010 Hours: 24 Bbls oil: 80 Mcf Gas: 42 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 80 Mcf Gas: 42 Bbls H2O: 0 GOR:
Test Method: FLOWING Casing PSI: Tubing PSI: 300 Choke Size:
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1300 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:

**IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.**

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: 12/15/2010 Email KAM@BONANZACRK.COM  
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**Attachment Check List**

Att Doc Num	Name
2591826	FORM 5A SUBMITTED
2591827	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

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

Total: 0 comment(s)