

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



Table with 4 columns: DE, ET, OE, ES

Document Number: 2591832

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 05-123-31852-00 6. County: WELD
7. Well Name: Antelope Well Number: 13-18
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: 12/23/2010 Date of First Production this formation: 11/19/2010
Perforations Top: 6328 Bottom: 6580 No. Holes: 108 Hole size: 40/100

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

CODL PUMPED 32004 GAL PAD FLUID AND 97440 GAL PHASERFRAC WITH 245820 LBS 20/40 SAND. ISDP 3175 PSI; ATR 25 BPM; ATP 3465 PSI. NBRR PUMPED 29148 GAL PAD FLUID AND 112896 GAL PHASERFRAC WITH 260080 LBS 30/50 SAND. ISDP 3205 PSI; ATR 51.4 NPM; ATP 3965 PSI.

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

Test Information:

Date: 12/06/2010 Hours: 24 Bbls oil: 80 Mcf Gas: 69 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 80 Mcf Gas: 69 Bbls H2O: 0 GOR:
Test Method: FLOWING Casing PSI: 300 Tubing PSI: 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 MCCOWEN

Title: V.P. OPERATIONS Date: 12/10/2010 Email KAM@BONANZACRK.COM
:

Attachment Check List

Att Doc Num	Name
2591832	FORM 5A SUBMITTED
2591833	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)