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| 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 border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number: <div style="border: 1px solid black; padding: 5px; text-align: center;">2592983</div> | DE | ET | OE | ES |
| DE | ET | OE | ES | | | | |
| COMPLETED INTERVAL REPORT | | | | | | | |
| <p>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.</p> | | | | | | | |
| 1. OGCC Operator Number: <u>8960</u> | | 4. Contact Name: <u>KERRY MCCOWEN</u> | | | | | |
| 2. Name of Operator: <u>BONANZA CREEK ENERGY OPERATING COMPAN</u> | | Phone: <u>(720) 279-2330</u> | | | | | |
| 3. Address: <u>P O BOX 21974</u> | | Fax: <u>(720) 279-2331</u> | | | | | |
| City: <u>BAKERSFIELD</u> State: <u>CA</u> Zip: <u>93390</u> | | | | | | | |
| 5. API Number <u>05-123-30509-00</u> | | 6. County: <u>WELD</u> | | | | | |
| 7. Well Name: <u>ANTELOPE</u> | | Well Number: <u>42-19</u> | | | | | |
| 8. Location: QtrQtr: <u>SENE</u> Section: <u>19</u> Township: <u>5N</u> Range: <u>62W</u> Meridian: <u>6</u> | | | | | | | |
| 9. Field Name: <u>WATTENBERG</u> | | Field Code: <u>90750</u> | | | | | |
| <u>Completed Interval</u> | | | | | | | |
| FORMATION: <u>CODELL</u> | | Status: <u>PRODUCING</u> | | | | | |
| Treatment Date: <u>12/23/2010</u> | | Date of First Production this formation: <u>12/28/2010</u> | | | | | |
| Perforations Top: <u>6570</u> Bottom: <u>6580</u> | | No. Holes: <u>40</u> Hole size: _____ | | | | | |
| Provide a brief summary of the formation treatment: | | Open Hole: <input type="checkbox"/> | | | | | |
| <div style="border: 1px solid black; padding: 5px;"> PUMPED 31998 GAL PAD FUID AND 99097 GAL PHASERFRAC WITH 246680 LBS 20/40 SAND. ISDP 2711 PSI; ATR 28.4 BPM; ATP 6713 PSI. </div> | | | | | | | |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |
| Test Information: | | | | | | | |
| Date: <u>01/18/2011</u> Hours: <u>24</u> | | Bbls oil: <u>86</u> Mcf Gas: <u>81</u> Bbls H2O: <u>21</u> | | | | | |
| Calculated 24 hour rate: | | Bbls oil: <u>86</u> Mcf Gas: <u>81</u> Bbls H2O: <u>21</u> GOR: _____ | | | | | |
| Test Method: <u>FLOWING</u> | | Casing PSI: <u>400</u> Tubing PSI: _____ Choke Size: _____ | | | | | |
| Gas Disposition: <u>SOLD</u> | | Gas Type: <u>WET</u> BTU Gas: <u>1300</u> API Gravity Oil: <u>42</u> | | | | | |
| Tubing Size: _____ | | Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____ | | | | | |
| Reason for Non-Production: <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> | | | | | | | |
| Date formation Abandoned: _____ | | Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____ | | | | | |
| Bridge Plug Depth: _____ | | Sacks cement on top: _____ | | | | | |
| Comment: <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> | | | | | | | |

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: 1/26/2011 Email KAM@BONANZACRK.COM
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Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 2592983 | FORM 5A SUBMITTED |
| 2592984 | WELLBORE DIAGRAM |

Total Attach: 2 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)