


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;">2586605</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) 440-6100</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>05-123-32883-00</u>		6. County: <u>WELD</u>					
7. Well Name: <u>Antelope</u>		Well Number: <u>24-17</u>					
8. Location: QtrQtr: <u>SESW</u> Section: <u>17</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>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>					
Treatment Date: <u>04/23/2011</u>		Date of First Production this formation: <u>05/06/2011</u>					
Perforations Top: <u>6370</u> Bottom: <u>6604</u>		No. Holes: <u>88</u> Hole size: <u>40/100</u>					
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
CODELL PUMPED A TOATAL OF 45990 GAL PAD FLUID. PUMPED 88158 GAL PHASERFRAC W/ 245080 LBS OF 20/40 SAND. FINAL ISDP 2994 PSI, ATR 22.7 BPM, ATP 2983 PSI. NIOBRARA PUMPED A TOATAL OF 39060 GAL PAD FLUID, PUMPED 90174 PHASERFRAC W/ 101 LBS OF 30/50 SAND. FINAL ISDP 3051 PSI ATR 49.4 BPM, ATP 3840 PSI.							
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Test Information:							
Date: _____ Hours: <u>24</u>		Bbls oil: <u>19</u> Mcf Gas: <u>8</u> Bbls H2O: <u>0</u>					
Calculated 24 hour rate:		Bbls oil: <u>19</u> Mcf Gas: <u>8</u> Bbls H2O: <u>0</u> GOR: _____					
Test Method: <u>FLOWING</u>		Casing PSI: <u>341</u> Tubing PSI: _____ Choke Size: <u>18/64</u>					
Gas Disposition: <u>SOLD</u>		Gas Type: <u>WET</u> BTU Gas: <u>1300</u> API Gravity Oil: <u>40</u>					
Tubing Size: _____ Tubing Setting Depth: _____		Tbg setting date: _____ Packer Depth: _____					
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; 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; width: 100%; 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: VP OPERATIONS Date: 4/23/2011 Email KAM@BONANZACRK.COM
:

Attachment Check List

Att Doc Num	Name
2586605	FORM 5A SUBMITTED
2586606	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)