

**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:

2586824

## 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 COMPANY

Phone: (720) 440-6100

3. Address: P O BOX 21974

Fax: (720) 279-2331

City: BAKERSFIELD State: CA Zip: 93390

5. API Number 05-123-33026-00

6. County: WELD

7. Well Name: Antelope

Well Number: 22-17

8. Location: QtrQtr: NENW Section: 17 Township: 5N Range: 62W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

### Completed Interval

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 05/11/2011

Date of First Production this formation: 06/15/2011

Perforations	Top:	6462	Bottom:	6720	No. Holes:	80	Hole size:	40/100
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Provide a brief summary of the formation treatment:

Open Hole: 

CODELL PUMPED 40782 GAL PAD FLUID. PUMPED 84756 GAL PHASERFRAC W/ 250620 LBS 20/40 SAND. ISDP 3164 PSI, ATP 3650 PSI, ATR 23BOM. NIOBRARA PUMPED 30030 PAD FLUID. PUMPED 94416 GAL PHASERFRAC W/ 260160 LBS 30/50 SAND. ISDP 2986 PSI, ATP 3819 PSI, ATR 50.1.BPM.

This formation is commingled with another formation: ☒ Yes ☐ No

**Test Information:**

Date:	06/15/2011	Hours:	24	Bbls oil:	60	Mcf Gas:	42	Bbls H2O:	31
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Calculated 24 hour rate:	Bbls oil:	60	Mcf Gas:	42	Bbls H2O:	31	GOR:
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Test Method: FLOWING	Casing PSI: 669	Tubing PSI:	Choke Size: 18/64
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Gas Disposition:	SOLD	Gas Type:	WET	BTU Gas:	1300	API Gravity Oil:	25
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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: STEPHEN R WOLFE

Title: ST PROD ENGINEER      Date: 6/22/2011      Email: SWOLFE@BONANZACRK.COM

### Attachment Check List

Att Doc Num	Name
2586824	FORM 5A SUBMITTED
2586825	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

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

Total: 0 comment(s)