

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



| | | | |
|----|----|----|----|
| DE | ET | OE | ES |
|----|----|----|----|

Document Number:

2588012

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 05-123-32834-00 6. County: WELD
7. Well Name: Antelope Well Number: 42-31
8. Location: QtrQtr: SENE Section: 31 Township: 5N Range: 62W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 06/18/2011 Date of First Production this formation: 07/16/2011

Perforations Top: 6262 Bottom: 6498 No. Holes: 88 Hole size: 40/100

Provide a brief summary of the formation treatment: Open Hole: ☐

CODELL PUMPED 40,782 GAL PAD FLUID. PUMPED 85,680 GAL PHASERFRAC W/250,800 LBS 20/40 SAND. ISDP 3295 PSI, ATP 3561 PSI, ATR 22.7 BPM. NIOBRARA PUMPED 31,290 PAD FLUID. PUMPED 94,290 GAL PHASERFRAC W/260,200 LBS. 30/50 SAND. ISDP 3265 PSI, ATP 3905 PSI, ATR 49.7 BPM.

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

Test Information:

Date: 07/18/2011 Hours: 242 Bbls oil: 79 Mcf Gas: 5 Bbls H2O: 74

Calculated 24 hour rate: Bbls oil: 79 Mcf Gas: 5 Bbls H2O: 74 GOR:

Test Method: FLOWING Casing PSI: 198 Tubing PSI: Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1283 API Gravity Oil: 40

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: KERRY A. MCCOWEN

Title: VP OPERATIONS Date: 8/17/2011 Email KAM@BONANZACRK.COM

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 2588012 | FORM 5A SUBMITTED |
| 2588013 | WELLBORE DIAGRAM |

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)