

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



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Document Number:

2588597

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 05-123-32888-00 6. County: WELD
7. Well Name: Antelope Well Number: 31-31
8. Location: QtrQtr: NENE Section: 31 Township: 5N Range: 62W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 08/07/2011 Date of First Production this formation: 08/19/2011
Perforations Top: 6444 Bottom: 6709 No. Holes: 88 Hole size: 40/100
Provide a brief summary of the formation treatment: Open Hole: ☐
CODELL PUMPED 32,634 GAL PAD FLUID. PUMPED 104,580 GAL PHASERFRAC W/250,900 LBS 20/40 SAND. ISDP 3391 PSI, ATP 3586 PSI, ATR 22.1 BPM. NIOBRARA PUMPED 20,034 PAD FLUID. PUMPED 124,782 GAL PHASER FRAC W/238,700 LBS. 30/50 SAND. ISDP 3566 PSI, ATP 4072 PSI, ATR 51.2 BPM.

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

Test Information:

Date: 08/19/2011 Hours: 24 Bbls oil: 43 Mcf Gas: 27 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 43 Mcf Gas: 27 Bbls H2O: 0 GOR:
Test Method: FLOWING Casing PSI: 191 Tubing PSI: Choke Size: 18/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 0 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: 9/16/2011 Email KAM@BONANZACRK.COM

Attachment Check List

Att Doc Num	Name
2588597	FORM 5A SUBMITTED
2588598	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)