

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:

2286001

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 05-123-32833-00 6. County: WELD
7. Well Name: Antelope Well Number: 41-31
8. Location: QtrQtr: NENE Section: 31 Township: 5N Range: 62W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIORARA-CODELL Status: PRODUCING

Treatment Date: _____ Date of First Production this formation: 08/25/2011
Perforations Top: 6248 Bottom: 6526 No. Holes: 80 Hole size: 40/100

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

CODELL PUMPED 33,138 GAL PAD FLUID. PUMPED 102,648 GAL PHASERFRAC W/250,140 LBS 20/40 SAND. ISDP 2958 PSI, ATP 3464 PSI. ATR 22.5 BPM. NIOBRARA PUMPED 19,866 GAL PAD FLUID. PUMPED 118,818 GAL PHASERFRAC W/266,300 LBS. 30/50 SAND., ISDP 3074 PSI. ATP 3819 PSI, ATR 50.5 BPM.

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

Test Information:

Date: 08/25/2011 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: 628
Test Method: FLOWING Casing PSI: 817 Tubing PSI: _____ Choke Size: 18/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1283 API Gravity Oil: 39
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: 11/11/2011 Email KAM@BONANZACRK.COM

Attachment Check List

Att Doc Num	Name
2286001	FORM 5A SUBMITTED
2286002	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)