

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:

2285991

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 05-123-32841-00 6. County: WELD
7. Well Name: Antelope Well Number: S-31
8. Location: QtrQtr: NESE Section: 31 Township: 5N Range: 62W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 08/20/2011 Date of First Production this formation: 09/15/2011
Perforations Top: 6200 Bottom: 6468 No. Holes: 88 Hole size: 40/100

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

CODELL PUMPED 32,550 GAL PAD FLUID. PUMPED 104,244 GAL PHASERFRAC W/240,380 LBS 20/40 SAND. ISDP 3248 PSI, ATP 3540 PSI, ATR 23.4 BPM. NIOBRARA PUMPED 21,336 PAD FLUID. PUMPED 116,466 GAL PHASERERFRAC W/264,200 LBS. 30/50 SAND. ISDP 3092 PSI, ATP 4139 PSI. ATR 59.3 BPM.

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

Test Information:

Date: 09/30/2011 Hours: 24 Bbls oil: 38 Mcf Gas: 16 Bbls H2O: 3
Calculated 24 hour rate: Bbls oil: 38 Mcf Gas: 16 Bbls H2O: 3 GOR:
Test Method: FLOWING Casing PSI: 440 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: 10/27/2011 Email KAM@BONANZACRK.COM

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 2285991 | FORM 5A SUBMITTED |
| 2285992 | WELLBORE DIAGRAM |

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)