

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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COMPLETED INTERVAL REPORT

Document Number: 2287042

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
2. Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY
3. Address: P O BOX 21974
City: BAKERSFIELD State: CA Zip: 93390
4. Contact Name: STEPHEN R. WOLFE
Phone: (720) 440-6100
Fax: (720) 279-2331

5. API Number 05-123-33709-00
6. County: WELD
7. Well Name: Antelope
Well Number: 24-20
8. Location: QtrQtr: SESW Section: 20 Township: 5N Range: 62W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 10/21/2011 Date of First Production this formation: 11/12/2011
Perforations Top: 6300 Bottom: 6562 No. Holes: 80 Hole size: 40/100
Provide a brief summary of the formation treatment: Open Hole: [ ]
CODL PUMPED 32,550 GAL PAD FLUID AND 102,438 GAL PHASERFRAC W/247,380 LBS 20/40 SAND. ISDP 2965 PSI; ATP 3520 PSI; ATR 23.3 BPM. NBRR PUMPED 19,866 GAL PAD FLUID AND 118,524 GAL PHASERFRAC W/251,120 LBS 30/50 SAND. ISDP 3018 PSI; ATP 4120 PSI; ATR 58.4 BPM.

This formation is commingled with another formation: [ ] Yes [X] No
Test Information:
Date: 12/04/2011 Hours: 24 Bbls oil: 41 Mcf Gas: 26 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 41 Mcf Gas: 26 Bbls H2O: 0 GOR: 634
Test Method: FLOWING Casing PSI: 329 Tubing PSI: Choke Size:
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1315 API Gravity Oil: 42
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: SR PRODUCTION ENG Date: 1/20/2012 Email: SWOLFE@BONANZACRK.COM

### Attachment Check List

Att Doc Num	Name
2287042	FORM 5A SUBMITTED
2287043	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

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

Total: 0 comment(s)