

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:

2287038

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: STEPHEN R. WOLFE

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 05-123-33706-00

6. County: WELD

7. Well Name: Antelope

Well Number: 23-20

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:	6458	Bottom:	6720	No. Holes:	80	Hole size:	40/100
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Provide a brief summary of the formation treatment:

Open Hole:

CODL PUMPED 32,508 GAL PAD FLUID AND 102,690 GAL PHASERFRAC W/246,800 LBS 20/40 SAND. ISDP 2997 PSI; ATP 3394 PSI; ATR 22.1 BPM. NBRP PUMPED 20,328 GAL PAD FLUID AND 117,852 GAL PHASERFRAC W/260,140 LBS 30/50 SAND. ISDP 3074 PSI; ATP 3866 PSI; ATR 50.2 BPM.

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

Test Information:

Date:	12/04/2011	Hours:	24	Bbls oil:	41	Mcf Gas:	26	Bbls H2O:	0
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Calculated 24 hour rate:	Bbls oil:	41	Mcf Gas:	26	Bbls H2O:	0	GOR:	634
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Test Method: FLOWING	Casing PSI: 214	Tubing PSI:	Choke Size:
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Gas Disposition:	SOLD	Gas Type:	WET	BTU Gas:	1315	API Gravity Oil:	42
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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
2287038	FORM 5A SUBMITTED
2287039	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)