

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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

5. API Number 05-123-33726-00
6. County: WELD
7. Well Name: Antelope
Well Number: 42-17
8. Location: QtrQtr: NENE Section: 17 Township: 5N Range: 62W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 09/11/2011 Date of First Production this formation: 09/29/2011

Perforations Top: 6488 Bottom: 6742 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 100,800 GAL PHASERFRAC W/245,160 LBS 20/40 SAND. ISDP 2731 PSI, ATP 2914 PSI, ATR 22.3 BPM. NIOBRARA PUMPED 19,572 PAD FLUID. PUMPED 117,852 GAL PHASERFRAC W/258,120 LBS. 30/50 SAND. ISDP 2759 PSI, ATP 3602 PSI, ATR 52.7 BPM.

This formation is commingled with another formation: [] Yes [X] No

Test Information:

Date: 09/29/2011 Hours: 24 Bbls oil: 10 Mcf Gas: 54 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 10 Mcf Gas: 54 Bbls H2O: 0 GOR: []

Test Method: FLOWING Casing PSI: 636 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: 10/6/2011 Email: KAM@BONANZACRK.COM

Attachment Check List

Att Doc Num	Name
2288037	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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