

FORM
5A

Rev
06/12

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400342386

Date Received:

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: 410 17TH STREET SUITE #1400
City: DENVER State: CO Zip: 80202
4. Contact Name: Russel Schucker
Phone: (720) 4406100
Fax:

5. API Number 05-123-34912-00
6. County: WELD
7. Well Name: Antelope
Well Number: B-20
8. Location: QtrQtr: NWNW Section: 20 Township: 5N Range: 62W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 04/19/2012 End Date: 04/19/2012 Date of First Production this formation: 05/26/2012

Perforations Top: 6670 Bottom: 6678 No. Holes: 32 Hole size: 4/10

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

CODELL PHASER FRAC PUMPED A TOTAL OF 32,508 GAL OF PAD FLUID. PUMPED 103,404 GAL OF SLF WITH 247,860# OF 20/40 SAND. (1-4PPG). FINAL ISDP 2984 PSI, AVG PRESSURE 3401 PSI, AND AVERAGE RATE 22.4 BPM.

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

Total fluid used in treatment (bbl): 3119 Max pressure during treatment (psi): 5000

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.39

Type of gas used in treatment: Min frac gradient (psi/ft): 0.86

Total acid used in treatment (bbl): 12 Number of staged intervals: 1

Recycled water used in treatment (bbl): Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): 3107 Disposition method for flowback:

Total proppant used (lbs): 245220 Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:

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: ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA-CODELL Status: COMMINGLED Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: _____

Perforations Top: 6422 Bottom: 6678 No. Holes: 80 Hole size: 4/10

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

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

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____

Total acid used in treatment (bbl): _____ Number of staged intervals: _____

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____

Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/29/2012 Hours: 24 Bbl oil: 27 Mcf Gas: 22 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 27 Mcf Gas: 22 Bbl H2O: 0 GOR: 814

Test Method: flowing Casing PSI: 1283 Tubing PSI: 858 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1315 API Gravity Oil: 40

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6834 Tbg setting date: 04/25/2012 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: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION
Treatment Date: 04/19/2012 End Date: 04/19/2012 Date of First Production this formation: 05/26/2012
Perforations Top: 6422 Bottom: 6428 No. Holes: 48 Hole size: 4/10
Provide a brief summary of the formation treatment: Open Hole: ☐

NIOBRARA PHASER
FRAC PUMPED A TOTAL OF 19,862 GAL OF PAD FLUID. PUMPED 83,525 GAL OF SLF WITH 260,200# OF 30/50 SAND, (1-4PPG).
FINAL ISDP 3027 PSI. AVG PRESSURE 5547 PSI, AND AVERAGE RATE 24.6 BPM.

This formation is commingled with another formation: ☒ Yes ☐ No
Total fluid used in treatment (bbl): 3266 Max pressure during treatment (psi): 5000
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.39
Type of gas used in treatment: Min frac gradient (psi/ft): 0.87
Total acid used in treatment (bbl): 12 Number of staged intervals: 1
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): 3254 Disposition method for flowback:
Total proppant used (lbs): 260720 Rule 805 green completion techniques were utilized: ☐
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:
Test Method: Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:
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: ** Wireline and Cement Job Summary must be attached.

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Print Name: Robert Tucker
Title: Engineering Tech Date: Email: rtucker@bonanzacrk.com

Attachment Check List

Att Doc Num	Name
400342400	

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)