

FORM 5A Rev 06/12

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, reoperation 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 8. Location: QtrQtr: NWNW Section: 20 Township: 5N Range: 62W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

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: [X] 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: PRODUCING 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: 11/1/2012 Email: rtucker@bonanzacr.com

Attachment Check List

Att Doc Num	Name
400342386	FORM 5A SUBMITTED
400342400	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)