

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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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 4. Contact Name: Olga Chikaloff
 2. Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY Phone: (720) 440-1600
 3. Address: 410 17TH STREET SUITE #1400 Fax: (720) 279-2331
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-36106-00 6. County: WELD
 7. Well Name: Antelope Well Number: F-J-17HZ
 8. Location: QtrQtr: NENW Section: 17 Township: 5N Range: 62W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/16/2012 End Date: 11/18/2012 Date of First Production this formation: 11/21/2012

Perforations Top: 7227 Bottom: 11112 No. Holes: _____ Hole size: 0

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

Niobrara pumped a total of 61007 bbls of fluid and 4218760# of sand, ATP 3896 psi, ATR 50.5 bpm, Final ISDP 3134 psi, completed with sliding sleeves and casing packers.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 61007 Max pressure during treatment (psi): 5046

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.93

Total acid used in treatment (bbl): 0 Number of staged intervals: 18

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 28556

Fresh water used in treatment (bbl): 61007 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 4218760 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 12/07/2012 Hours: 72 Bbl oil: 1884 Mcf Gas: 1716 Bbl H2O: 540

Calculated 24 hour rate: Bbl oil: 628 Mcf Gas: 572 Bbl H2O: 180 GOR: 910

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

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1311 API Gravity Oil: 43

Tubing Size: 2 + 7/8 Tubing Setting Depth: 6329 Tbg setting date: 12/05/2012 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.

Comment:

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

Signed: _____ Print Name: Olga Chikaloff
Title: Engineering Technician Date: _____ Email: ochikaloff@bonanzacrk.com
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400467433	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)