

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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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, 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: Robert Tucker Phone: (720) 440-1600 Fax: (720) 279-2331

5. API Number 05-123-34918-00
6. County: WELD
7. Well Name: Antelope Well Number: M-17
8. Location: QtrQtr: NESW Section: 17 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: 04/02/2012 End Date: 04/16/2012 Date of First Production this formation: 05/26/2012
Perforations Top: 6864 Bottom: 6872 No. Holes: 32 Hole size: 40/100

Provide a brief summary of the formation treatment: Open Hole: []

Codell pHaser Frac pumped a total of 32,508 gal of pad fluid, 103,404 gal of SLF w/247,860# of 20/40 sand (1-4ppg). Final ISDP 2984 psi, Avg Pressure 3401 psi, Avg Rate 22.4 bpm.

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

Total fluid used in treatment (bbl): 3236 Max pressure during treatment (psi): 2984
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): 0.87
Total acid used in treatment (bbl): 12 Number of staged intervals: 1
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 1264
Fresh water used in treatment (bbl): 3224 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 247860 Rule 805 green completion techniques were utilized: []

Reason why green completion not utilized: PIPELINE

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: FRACTURE STIMULATION

Treatment Date: 04/02/2012 End Date: 04/16/2012 Date of First Production this formation: 05/26/2012

Perforations Top: 6612 Bottom: 6872 No. Holes: 80 Hole size: 40/100

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: 06/01/2012 Hours: 24 Bbl oil: 27 Mcf Gas: 46 Bbl H2O: 3

Calculated 24 hour rate: Bbl oil: 27 Mcf Gas: 46 Bbl H2O: 3 GOR: 0

Test Method: Flowing Casing PSI: 568 Tubing PSI: 455 Choke Size: _____

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6417 Tbg setting date: 04/17/2012 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: 04/02/2012 End Date: 04/16/2012 Date of First Production this formation: 05/26/2012
Perforations Top: 6612 Bottom: 6764 No. Holes: 48 Hole size: 40/100

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

NBRR pHaser Frac pumped a total of 19,862 gal of pad fluid, 83,525 gas of SLF w/ 260,200# of 30/50 sand (1-4ppg). Final ISDP 3027 psi. Avg Pressure 5547 psi, Avg Rate 24.6 bpm

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 3017 Max pressure during treatment (psi): 3027

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): 0.86

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

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 1264

Fresh water used in treatment (bbl): 3005 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 247860 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: PIPELINE

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 Technician Date: _____ Email: rtucker@bonanzacrk.com

Attachment Check List

Att Doc Num	Name
400482147	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)