

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, 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: Robert Tucker Phone: (720) 440-6100 Fax: Email: rtucker@bonanzacr.com

5. API Number 05-123-34911-00 6. County: WELD 7. Well Name: Antelope Well Number: A-20 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: 04/03/2012 End Date: 04/03/2012 Date of First Production this formation: 04/13/2012 Perforations Top: 6602 Bottom: 6610 No. Holes: 32 Hole size: 40/100

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

Codell pumped 3273 bbls of fluid with 245580 lbs 20/40 sand, Avr Rate 22.7 bpm, Avg P 3164 psi, Final ISDP 3106 psi.

This formation is commingled with another formation: [X] Yes [] No Total fluid used in treatment (bbl): 3273 Max pressure during treatment (psi): 2917 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): 1219 Fresh water used in treatment (bbl): 3261 Disposition method for flowback: DISPOSAL Total proppant used (lbs): 245580 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: 6350 Bottom: 6610 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: 04/13/2012 Hours: 72 Bbl oil: 99 Mcf Gas: 265 Bbl H2O: 10

Calculated 24 hour rate: Bbl oil: 33 Mcf Gas: 88 Bbl H2O: 3 GOR: 2677

Test Method: FLOWING Casing PSI: 1197 Tubing PSI: 393 Choke Size: 0

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6582 Tbg setting date: 04/18/2012 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: 03/27/2012 End Date: 03/27/2013 Date of First Production this formation: 04/03/2012

Perforations Top: 6350 Bottom: 6500 No. Holes: 48 Hole size: 040/100

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

Pumped 3217 bbls of fluid with 261100 lbs 20/40 sand, Avg Rate 46.7 bpm, Avg P 3862 psi, Final ISDP 3154 psi.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 3217 Max pressure during treatment (psi): 3862

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): 0.90

Total acid used in treatment (bbl): 24 Number of staged intervals: 1

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 1219

Fresh water used in treatment (bbl): 3193 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 261100 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 technician Date: 7/18/2013 Email: rtucker@bonanzarck.com

Attachment Check List

Att Doc Num	Name
400407957	FORM 5A SUBMITTED
400438224	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)