

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 05-123-35127-00
6. County: WELD
7. Well Name: Antelope
Well Number: K-19
8. Location: QtrQtr: NENW Section: 19 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: 06/19/2012 End Date: 06/19/2012 Date of First Production this formation: 06/26/2012
Perforations Top: 6578 Bottom: 6586 No. Holes: 32 Hole size: 40/100

Provide a brief summary of the formation treatment:

Open Hole: []

Pumped 3039 bbls of fluid with 246560 lbs 20/40 sand. ATP 3652, ATR 22.3, ISDP 3374

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

Total fluid used in treatment (bbl): 3039 Max pressure during treatment (psi): 3374
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.34
Type of gas used in treatment: Min frac gradient (psi/ft): 0.96
Total acid used in treatment (bbl): 12 Number of staged intervals: 1
Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 1372
Fresh water used in treatment (bbl): 3027 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 246560 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: 06/26/2012

Perforations Top: 6334 Bottom: 6586 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: 07/23/2012 Hours: 72 Bbl oil: 138 Mcf Gas: 138 Bbl H2O: 12

Calculated 24 hour rate: Bbl oil: 46 Mcf Gas: 37 Bbl H2O: 4 GOR: 1000

Test Method: FLOWING Casing PSI: 1239 Tubing PSI: 944 Choke Size: 0

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6538 Tbg setting date: 09/14/2012 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: 06/19/2012 End Date: 06/19/2012 Date of First Production this formation: 06/26/2012

Perforations Top: 6334 Bottom: 6480 No. Holes: 48 Hole size: 40/100

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

Pumped 3581 bbls of fluid with 260300 lbs 20/40 sand. ATP 3972, ATR 50.4, ISDP 3350

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 3581 Max pressure during treatment (psi): 3350

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

Type of gas used in treatment: Min frac gradient (psi/ft): 0.97

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

Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 1372

Fresh water used in treatment (bbl): 3569 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 260300 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: Operations Technician Date: 7/22/2013 Email rtucker@bonanzacrk.com

Attachment Check List

Table with 2 columns: Att Doc Num, Name. Rows: 400408117 FORM 5A SUBMITTED, 400442338 WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

Table with 3 columns: User Group, Comment, Comment Date

Total: 0 comment(s)