

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 401862257

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
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: Kate Miller
Phone: (720) 440-6133
Fax:
Email: regulatory@bonanzacr.com

5. API Number 05-123-30512-00
6. County: WELD
7. Well Name: ANTELOPE
Well Number: 14-19
8. Location: QtrQtr: SWSW 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: 07/31/2010 End Date: Date of First Production this formation: 08/16/2010
Perforations Top: 6276 Bottom: 6532 No. Holes: 10 Hole size: 42/100
Provide a brief summary of the formation treatment: Open Hole:
This formation is commingled with another formation: [X] 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: 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: 07/31/2010 End Date: Date of First Production this formation: 08/16/2010

Perforations Top: 6276 Bottom: 6532 No. Holes: 100 Hole size: 42/100

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

Niobrara and Codell completed with 1,334 bbls slurry, 2,874 bbls Phaser Gel fluid, 260,000 lbs 30/50 sand, 245,120 lbs 40/70 sand

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 4208 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): 505120 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 08/25/2010 Hours: 24 Bbl oil: 87 Mcf Gas: 80 Bbl H2O: 7

Calculated 24 hour rate: Bbl oil: 87 Mcf Gas: 80 Bbl H2O: 7 GOR: 920

Test Method: Flowing Casing PSI: 900 Tubing PSI: Choke Size:

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1311 API Gravity Oil: 41

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 Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 07/31/2010 End Date: Date of First Production this formation: 08/16/2010

Perforations Top: 6276 Bottom: 6532 No. Holes: 90 Hole size: 42/100

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: 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: Due to the age of this well, the following data is not available in the well file: end date of frac treatment, max pressure during treatment, fluid density at initial fracture, min frac gradient, number of staged intervals, flowback volume recovered, disposition method for flowback, if Rule 805 green completion techniques were utilized, tubing psi and choke size for 24 hour test. This Form 5A is being submitted to cleanup the well file by request of the COGCC.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete. Signed: Ashley Noonan Title: Sr. Regulatory Analyst Date: Email: anoonan@progressivepcs.net

Attachment Check List

Table with columns Att Doc Num and Name

Total Attach: 0 Files

General Comments

Table with columns User Group, Comment, Comment Date, Stamp Upon Approval

Total: 0 comment(s)