

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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Document Number:

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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
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:

5. API Number 05-123-35130-00
6. County: WELD
7. Well Name: Antelope
Well Number: R-19
8. Location: QtrQtr: SENE 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: 05/16/2012 End Date: 05/16/2012 Date of First Production this formation: 06/28/2012

Perforations Top: 6638 Bottom: 6648 No. Holes: 40 Hole size: 040/100

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

Code pumped 3265 bbls of fluid with 249960 lbs 20/40 sand, Avg Rate 21.7 bpm, Avg P 3218 psi, Final ISDP 3029 psi

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 3265 Max pressure during treatment (psi): 2818

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

Type of gas used in treatment: Min frac gradient (psi/ft): 0.90

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

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 1076

Fresh water used in treatment (bbl): 3253 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 249960 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: _____		End Date: _____		Date of First Production this formation: _____	
Perforations	Top: 6388	Bottom: 6648	No. Holes: 88	Hole size: 040/100	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
This formation is commingled with another formation:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/>		
Reason why green completion not utilized: _____					
Fracture stimulations must be reported on FracFocus.org					
Test Information:					
Date: 08/02/2012	Hours: 72	Bbl oil: 87	Mcf Gas: 75	Bbl H2O: 3	
Calculated 24 hour rate:	Bbl oil: 29	Mcf Gas: 25	Bbl H2O: 1	GOR: 0	
Test Method: FLOWING	Casing PSI: 1259	Tubing PSI: 271	Choke Size: _____		
Gas Disposition: SOLD	Gas Type: WET	Btu Gas: 1311	API Gravity Oil: 43		
Tubing Size: 2 + 3/8	Tubing Setting Depth: 6602	Tbg setting date: 05/16/2012	Packer Depth: _____		
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 05/16/2012 End Date: 05/16/2012 Date of First Production this formation: 06/28/2012

Perforations Top: 6388 Bottom: 6538 No. Holes: 48 Hole size: 042/100

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

Niobrara pumped 3261 bbls of fluid with 261440 lbs 20/40 sand, Avg Rate 50.3 bpm, Avg P 3811 psi, Final ISDP 3087 psi

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 3261 Max pressure during treatment (psi): 3811

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): 12 Number of staged intervals: 1

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 1076

Fresh water used in treatment (bbl): 3249 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 261440 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
400438617	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)