

FORM  
5A

Rev  
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

2588014

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 4. Contact Name: KERRY MCCOWEN  
2. Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY Phone: (720) 440-6100  
3. Address: P O BOX 21974 Fax: (720) 279-2331  
City: BAKERSFIELD State: CA Zip: 93390

5. API Number 05-123-33178-00 6. County: WELD  
7. Well Name: Antelope Well Number: 24-29  
8. Location: QtrQtr: NESW Section: 29 Township: 5N Range: 62W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

**Completed Interval**

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 06/25/2011 Date of First Production this formation: 07/04/2011  
Perforations Top: 6316 Bottom: 6582 No. Holes: 80 Hole size: 40/100

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

CODELL PUMPED 32,466 GAL PAD FLUID. PUMPED 109,242 GAL PHASERFRAC W/250,340 LBS 20/40 SAND. ISDP 2914 PSI, ATP 2959 PSI, ATR 22.8 BPM. NIOBRARA PUMPED 19,530 PAD FLUID. PUMPED 121,086 GAL PHASERFRAC W/260,140 LBS. 30/50 SAND. ISDP 3048 PSI, ATP 3931 PSI, ATR 49.1 BPM.

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

**Test Information:**

Date: 07/14/2011 Hours: 24 Bbls oil: 29 Mcf Gas: 20 Bbls H2O: 2  
Calculated 24 hour rate: Bbls oil: 29 Mcf Gas: 20 Bbls H2O: 2 GOR:           
Test Method: FLOWING Casing PSI: 175 Tubing PSI:          Choke Size: 18/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1283 API Gravity Oil: 40  
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:         

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed:          Print Name: KERRY A. MCCOWEN

Title: VP OPERATIONS Date: 8/8/2011 Email KAM@BONANZACRK.COM

### Attachment Check List

Att Doc Num	Name
2588014	FORM 5A SUBMITTED
2588015	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)