

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



Table with columns DE, ET, OE, ES

Document Number: 2170699 Date Received: 08/16/2012

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: RUSSEL SCHUCKER Phone: (720) 440-6100 Fax: (720) 279-2331

5. API Number 05-123-34910-00 6. County: WELD 7. Well Name: Antelope 8. Location: QtrQtr: NESW Section: 17 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: 03/27/2012 End Date: 03/27/2012 Date of First Production this formation: Perforations Top: 6664 Bottom: 6672 No. Holes: 32 Hole size: 40/100

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

CODELL PUMPED 32,634 GALS PAD FLUID. PUMPED 102,984 GALS OF SLF. PUMPED 246,250 LBS OF 30/50 OTTAWA SAND (1-4 PPG). FINAL ISDP= 3076 PSI. AVE. PRESS=3524 PSI. AVE. RATE= 22.1 BPM.

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

Total fluid used in treatment (bbl): 3450 Max pressure during treatment (psi): 4350 Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 1.00 Type of gas used in treatment: Min frac gradient (psi/ft): 0.90 Total acid used in treatment (bbl): 12 Number of staged intervals: 2 Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 1090 Fresh water used in treatment (bbl): 2769 Disposition method for flowback: DISPOSAL Total proppant used (lbs): 246250 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: 03/29/2012 End Date: 03/27/2012 Date of First Production this formation: 05/13/2012

Perforations Top: 6412 Bottom: 6672 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: 06/22/2012 Hours: 24 Bbl oil: 30 Mcf Gas: 15 Bbl H2O: 1

Calculated 24 hour rate: Bbl oil: 30 Mcf Gas: 15 Bbl H2O: 1 GOR: 505

Test Method: FLOWING Casing PSI: 1307 Tubing PSI: 411 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1315 API Gravity Oil: 40

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6643 Tbg setting date: 04/10/2012 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: 03/27/2012 Date of First Production this formation:
Perforations Top: 6412 Bottom: 6566 No. Holes: 48 Hole size: 40/100

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

NIOBRARA PUMPED A TOTAL OF 20,622 GALS OF PAD FLUID. PUMPED 120,498 GALS OF SLF. PUMPED 259,400 LBS OF 30/50 OTTAWA SAND (1-4 PPG). FINAL ISDP= 2854 PSI. AVE. PRESS. = 3698 PSI. AVE. RATE= 48.7 BPM.

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

Total fluid used in treatment (bbl): 3139 Max pressure during treatment (psi): 4350

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 1.00

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

Total acid used in treatment (bbl): 12 Number of staged intervals: 3

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 1090

Fresh water used in treatment (bbl): 3754 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 235750 Rule 805 green completion techniques were utilized: [X]

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 TECH Date: 8/13/2012 Email RTUCKER@BONANZACRK.COM

Attachment Check List

Table with 2 columns: Att Doc Num, Name. Rows: 2170699 FORM 5A SUBMITTED, 2170700 WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)