


FORM 5 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		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number: <div style="text-align: center; font-size: 1.2em;">2510225</div>	DE	ET	OE	ES
DE	ET	OE	ES				
DRILLING COMPLETION REPORT							
This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.							
Completion Type <input checked="" type="checkbox"/> Final completion <input type="checkbox"/> Preliminary completion							
1. OGCC Operator Number: <u>8960</u>		4. Contact Name: <u>KERRY MCCOWEN</u>					
2. Name of Operator: <u>BONANZA CREEK ENERGY OPERATING COMPAN</u>		Phone: <u>(720) 279-2330</u>					
3. Address: <u>P O BOX 21974</u>		Fax: _____					
City: <u>BAKERSFIELD</u>	State: <u>CA</u>	Zip: <u>93390</u>					
5. API Number <u>05-123-30740-00</u>		6. County: <u>WELD</u>					
7. Well Name: <u>GUTTERSEN RANCH</u>		Well Number: <u>9I</u>					
8. Location: QtrQtr: <u>NWSE</u>	Section: <u>9</u>	Township: <u>4N</u>	Range: <u>63W</u>				
Meridian: <u>6</u>							
Footage at surface:	Distance: <u>1320</u> feet	Direction: <u>FSL</u>	Distance: <u>1320</u> feet				
Direction: <u>FEL</u>							
As Drilled Latitude: <u>40.323000</u>		As Drilled Longitude: <u>-104.443853</u>					
GPS Data:							
Data of Measurement: <u>07/01/2010</u>		PDOP Reading: <u>2.3</u>					
GPS Instrument Operator's Name: <u>LARRY ROBBINS</u>							
** If directional footage at Top of Prod. Zone							
Dist.: _____ feet.	Direction: _____	Dist.: _____ feet.	Direction: _____				
Sec: _____	Twp: _____	Rng: _____					
** If directional footage at Bottom Hole							
Dist.: _____ feet.	Direction: _____	Dist.: _____ feet.	Direction: _____				
Sec: _____	Twp: _____	Rng: _____					
9. Field Name: <u>WATTENBERG</u>		10. Field Number: <u>90750</u>					
11. Federal, Indian or State Lease Number: _____							
12. Spud Date: (when the 1st bit hit the dirt) <u>06/11/2010</u>							
13. Date TD: <u>06/15/2010</u>		14. Date Casing Set or D&A: <u>06/16/2010</u>					
15. Well Classification:							
<input type="checkbox"/> Dry	<input type="checkbox"/> Oil	<input checked="" type="checkbox"/> Gas/Coalbed	<input type="checkbox"/> Disposal				
<input type="checkbox"/> Stratigraphic	<input type="checkbox"/> Enhanced Recovery	<input type="checkbox"/> Storage	<input type="checkbox"/> Observation				
16. Total Depth MD <u>6827</u>	TVD** _____	17 Plug Back Total Depth MD <u>6770</u>	TVD** _____				
18. Elevations GR <u>4733</u>	KB <u>4743</u>	One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.					
19. List Electric Logs Run:							
<u>CBL, GR, CD, CN, DI</u>							
20. Casing, Liner and Cement:							

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8		0	895	630	0	895	CALC
1ST	7+7/8	4+1/2		0	6,789	263	2,950	6,789	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PARKMAN	3,452		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,112		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,429		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,668		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,692		<input type="checkbox"/>	<input type="checkbox"/>	

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: 7/19/2010

Email: KAM@BONANZACRK.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2072048	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
2510225	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

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General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	REC CMT TKTS	12/8/2010 11:08:59 AM
Permit	req cement tkts	12/2/2010 3:25:14 PM

Total: 2 comment(s)