


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="border: 1px solid black; padding: 5px; text-align: center;">2584807</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: 8960		4. Contact Name: KERRY MCCOWEN					
2. Name of Operator: BONANZA CREEK ENERGY OPERATING COMPAN		Phone: (720) 279-2330					
3. Address: P O BOX 21974		Fax:					
City: BAKERSFIELD	State: CA	Zip: 93390					
5. API Number 05-123-31830-00		6. County: WELD					
7. Well Name: Antelope		Well Number: 18C					
8. Location: QtrQtr: NESW Section: 18 Township: 5N Range: 62W Meridian: 6							
Footage at surface: Distance: 1436 feet Direction: FSL Distance: 1425 feet Direction: FWL							
As Drilled Latitude: 40.395890	As Drilled Longitude: -104.370030						
GPS Data:							
Data of Measurement: 10/02/2010 PDOP Reading: 2.5 GPS Instrument Operator's Name: LARRY ROBBINS							
** 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: WATTENBERG		10. Field Number: 90750					
11. Federal, Indian or State Lease Number:							
12. Spud Date: (when the 1st bit hit the dirt) 09/13/2010 13. Date TD: 09/17/2010 14. Date Casing Set or D&A: 09/18/2010							
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 6663 TVD**		17 Plug Back Total Depth MD 6614 TVD**					
18. Elevations GR 4598 KB 4608		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:							
CBL, GR, CD, CN, CL							

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	418	400	0	418	CALC
1ST	7+7/8	4+1/2		0	6,643	265	2,814	6,643	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	3,352		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,034		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,229		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,456		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,483		<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: 10/22/2010

Email: KAM@BONANZACRK.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2072148	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>					
2584807	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)