


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;">2590535</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 MCGOWEN					
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 05-123-31827-00		6. County: WELD					
7. Well Name: Antelope		Well Number: 23-18					
8. Location: QtrQtr: NESW Section: 18 Township: 5N Range: 62W Meridian: 6							
Footage at surface: Distance: 1436 feet Direction: FSL Distance: 1442 feet Direction: FWL							
As Drilled Latitude: 40.395890	As Drilled Longitude: -104.369920						
GPS Data:							
Data of Measurement: 10/02/2010 PDOP Reading: 1.7 GPS Instrument Operator's Name: LARRY ROBBINS							
** If directional footage at Top of Prod. Zone Dist.: 2119 feet. Direction: FSL Dist.: 2063 feet. Direction: FWL							
Sec: 18 Twp: 5N Rng: 62W							
** If directional footage at Bottom Hole Dist.: 2119 feet. Direction: FSL Dist.: 2063 feet. Direction: FWL							
Sec: 18 Twp: 5N Rng: 62W							
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) 09/24/2010 13. Date TD: 09/28/2010 14. Date Casing Set or D&A: 09/28/2010							
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 6762 TVD** 6669		17 Plug Back Total Depth MD 6693 TVD** 6600					
18. Elevations GR 4599 KB 4609		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, DL							

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	415	340	0	425	CALC
1ST	7+7/8	4+1/2		0	6,727	402	3,114	6,757	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	3,343		<input type="checkbox"/>	<input type="checkbox"/>	FORMATION TOPS ARE IN TVD
SUSSEX	4,085		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,649		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,227		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,452		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,477		<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: 10/27/2010 Email: KAM@BONANZACRK.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2072151	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2590536	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input 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>					
2590535	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	req all requests	2/21/2011 9:27:30 AM
Permit	REQ CEMENT TKTS AND HARD COPY DEN/NEU/IND LOG	2/4/2011 9:53:10 AM

Total: 2 comment(s)