


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;">2591573</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 type="checkbox"/> Final completion <input checked="" 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>05-123-32455-00</u>		6. County: <u>WELD</u>					
7. Well Name: <u>Antelope</u>		Well Number: <u>11-1</u>					
8. Location: QtrQtr: <u>NWNW</u> Section: <u>1</u> Township: <u>5N</u> Range: <u>62W</u> Meridian: <u>6</u>							
Footage at surface: Distance: <u>470</u> feet Direction: <u>FNL</u>		Distance: <u>660</u> feet Direction: <u>FWL</u>					
As Drilled Latitude: <u>40.436030</u>		As Drilled Longitude: <u>-104.278530</u>					
GPS Data:							
Data of Measurement: <u>12/05/2010</u>		PDOP Reading: <u>2.8</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: <u>7905.3</u>							
12. Spud Date: (when the 1st bit hit the dirt) <u>11/12/2010</u>		13. Date TD: _____ 14. Date Casing Set or D&A: _____					
15. Well Classification:							
<input type="checkbox"/> Dry <input checked="" type="checkbox"/> Oil <input 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>401</u> TVD** _____		17 Plug Back Total Depth MD _____ TVD** _____					
18. Elevations GR <u>4679</u> KB <u>4691</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:							

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	9+5/8		0	401	260	0	401	CALC
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	
			<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: V.P.OPERATIONS-RM Date: 12/7/2010 Email: KAM@BONANZACRK.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
2591574	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>			
2591573	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Engineer	Preliminary Form 5, no CBL yet.	6/13/2011 1:34:59 PM

Total: 1 comment(s)