FORM 5 Rev 02/08	State of Colorado Oil and Gas Conservation Commission	STATE OF COLORADO OIL&GAS	DE	ET	OE	ES

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109

DRILLING COMPLETION REPORT

Document Number:

1633171

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 [X] Final completion [ ] Preliminary completion

1. OGCC Operator Number: 8960
2. Name of Operator: BONANZA CREEK ENERGY OPERATING COMPAN
3. Address: P O BOX 21974
   City: BAKERSFIELD State: CA Zip: 93390

4. Contact Name: KERRY MCCOWEN
   Phone: (720) 279-2330
   Fax:

5. API Number 05-123-30509-00
6. County: WELD
7. Well Name: ANTELOPE Well Number: 42-19
8. Location: QtrQtr: SENE Section: 19 Township: 5N Range: 62W Meridian: 6

Footage at surface: Distance: 1980 feet Direction: FNL Distance: 660 feet Direction: FEL

As Drilled Latitude: 40.386750 As Drilled Longitude: -104.359000

GPS Data:

Data of Measurement: 07/01/2010 PDOP Reading: 2.1 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) 06/05/2010 13. Date TD: 08/26/2010 14. Date Casing Set or D&A: 08/27/2010

15. Well Classification:

[ ] Dry [ ] Oil [X] Gas/Coalbed [ ] Disposal [ ] Stratigraphic [ ] Enhanced Recovery [ ] Storage [ ] Observation

16. Total Depth MD 6732 TVD** _____ 17 Plug Back Total Depth MD 6665 TVD** _____

18. Elevations GR 4651 KB 4667 | 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:

DEN/NEU/IND, CBL

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
SQUEEZE			25	3,260	
SQUEEZE			25	3,260	
SQUEEZE			50	3,260	

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	3,514		☐	☐	
SUSSEX	4,058		☐	☐	
NIOBRARA	6,315		☐	☐	
FORT HAYS	6,534		☐	☐	
CODELL	6,570		☐	☐	

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____   Print Name: STEPHEN R WOLFE

Title: SR PRODUCTION ENGINEER   Date: 1/24/2010   Email: SWOLFE@BONANZACRK.COM

Attachment Check List

Att Doc Num	Document Name		attached ?		

Attachment Checklist

Att Doc Num	Document Name	Yes		No	
1633172	CMT Summary *	Yes	☒	No	☐
	Core Analysis	Yes	☐	No	☒
	Directional Survey **	Yes	☐	No	☒
	DST Analysis	Yes	☐	No	☒
	Logs	Yes	☐	No	☒
	Other	Yes	☐	No	☒

Other Attachments

Att Doc Num	Document Name	Yes		No	
1633171	FORM 5 SUBMITTED	Yes	☒	No	☐

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)