

**FORM
5**Rev
02/08State of Colorado
Oil and Gas Conservation Commission

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



DE ET OE ES

Document Number:

1635096

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 ☒ Final completion ☐ Preliminary completion

1. OGCC Operator Number: 8960

4. Contact Name: KERRY MCCOWEN

2. Name of Operator: BONANZA CREEK ENERGY OPERATING COMPAN

Phone: (720) 440-6100

3. Address: P O BOX 21974

Fax: (720) 279-2331

City: BAKERSFIELD State: CA Zip: 93390

5. API Number 05-123-32710-00

6. County: WELD

7. Well Name: Antelope

Well Number: 191

8. Location: QtrQtr: NESE Section: 19 Township: 5N Range: 62W Meridian: 6

Footage at surface: Distance: 1910 feet Direction: FSL Distance: 682 feet Direction: FEL

As Drilled Latitude: 40.383050 As Drilled Longitude: -104.359090

GPS Data:

Data of Measurement: 03/24/2011 PDOP Reading: 1.2 GPS Instrument Operator's Name: ADAM KELL7Y

** If directional footage at Top of Prod. Zone Dist.: 1296 feet. Direction: FSL Dist.: 1296 feet. Direction: FEL

Sec: 19 Twp: 5N Rng: 62W

** If directional footage at Bottom Hole Dist.: 1296 feet. Direction: FSL Dist.: 1296 feet. Direction: FEL

Sec: 19 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) 02/24/2011 13. Date TD: 03/01/2011 14. Date Casing Set or D&A: 03/02/2011

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 6835 TVD** 6759 17 Plug Back Total Depth MD 6712 TVD** 6636

18. Elevations GR 4667 KB 4678

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, DI

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
SURF	12+1/4	8+5/8		0	422	400	0	422	CALC
1ST	7+7/8	4+1/2		0	6,782	431	3,218	6,782	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	3,447		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,097		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,318		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,553		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,576		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORMATION LOG INTERVALS AND TEST ZONES COMMENTS: FORMATIONS ARE TVD

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: 4/8/2011 Email: KAM@BONANZACRK.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
1635098	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
1635097	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>					
1635096	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)