

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



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Document Number:

1635090

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 05-123-32713-00 6. County: WELD
7. Well Name: Antelope Well Number: 32-19
8. Location: QtrQtr: SEnw Section: 19 Township: 5N Range: 62W Meridian: 6
Footage at surface: Distance: 1980 feet Direction: FNL Distance: 1891 feet Direction: FWL
As Drilled Latitude: 40.386530 As Drilled Longitude: -104.368150

GPS Data:

Data of Measurement: 03/24/2011 PDOP Reading: 2.2 GPS Instrument Operator's Name: ADAM KELLY

** If directional footage at Top of Prod. Zone Dist.: 1967 feet. Direction: FNL Dist.: 3125 feet. Direction: FWL

Sec: 19 Twp: 5N Rng: 62W

** If directional footage at Bottom Hole Dist.: 1967 feet. Direction: FNL Dist.: 3125 feet. Direction: FWL

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) 03/16/2011 13. Date TD: 03/21/2011 14. Date Casing Set or D&A: 03/21/2011

15. Well Classification:

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

16. Total Depth MD 6859 TVD** 6703 17 Plug Back Total Depth MD 6813 TVD** 6657

18. Elevations GR 4618 KB 4629

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	13+1/2	8+5/8		0	432	430	0	432	CALC
1ST	7+7/8	4+1/2		0	6,833	475	3,234	6,833	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	4,075		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,279		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,510		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,536		<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: KAM@BONANZACRK.COM

Title: VP OPERATIONS Date: 4/8/2011 Email: KAM@BONANZACRK.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
1635092	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
1635091	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>					
1635090	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)