

**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



DE ET OE ES

Document Number:

1636275

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 COMPANY Phone: (720) 440-6100
3. Address: P O BOX 21974 Fax: (720) 279-2331
City: BAKERSFIELD State: CA Zip: 93390

5. API Number 05-123-32711-00 6. County: WELD
7. Well Name: Antelope Well Number: 33-19
8. Location: QtrQtr: NESW Section: 19 Township: 5N Range: 62W Meridian: 6
Footage at surface: Distance: 1999 feet Direction: FSL Distance: 1940 feet Direction: FWL
As Drilled Latitude: 40.383020 As Drilled Longitude: -104.367890

GPS Data:

Data of Measurement: 04/09/2011 PDOP Reading: 1.9 GPS Instrument Operator's Name: AARON LUND

** If directional footage at Top of Prod. Zone Dist.: 2019 feet. Direction: FSL Dist.: 3105 feet. Direction: FWL
Sec: 19 Twp: 5N Rng: 62W

** If directional footage at Bottom Hole Dist.: 2019 feet. Direction: FSL Dist.: 3105 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) 03/22/2011 13. Date TD: 03/26/2011 14. Date Casing Set or D&A: 03/27/2011

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 6845 TVD** 6698 17 Plug Back Total Depth MD 6805 TVD** 665818. Elevations GR 4616 KB 4626

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	448	450	0	448	CALC
1ST	7+7/8	4+1/2		0	6,830	440	3,020	6,830	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	3,369		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,052		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,276		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,504		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,529		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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: 5/18/2011 Email: KAM@BONANZACRK.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
1636277	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
1636276	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>					
1636275	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)