

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:
2537308

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
2. Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY
3. Address: P O BOX 21974
City: BAKERSFIELD State: CA Zip: 93390
4. Contact Name: KERRY MCCOWEN
Phone: (720) 440-6100
Fax: (720) 279-2331

5. API Number 05-123-33173-00
6. County: WELD
7. Well Name: Antelope Well Number: 22-29
8. Location: QtrQtr: SWNW Section: 29 Township: 5N Range: 62W Meridian: 6
Footage at surface: Distance: 1625 feet Direction: FNL Distance: 1054 feet Direction: FWL
As Drilled Latitude: 40.373250 As Drilled Longitude: -104.352630

GPS Data:
Date of Measurement: 05/23/2011 PDOP Reading: 1.2 GPS Instrument Operator's Name: ADAM KELLY

** If directional footage at Top of Prod. Zone Dist.: 1979 feet. Direction: FNL Dist.: 1973 feet. Direction: FWL
Sec: 29 Twp: 5N Rng: 62W
** If directional footage at Bottom Hole Dist.: 1979 feet. Direction: FNL Dist.: 1973 feet. Direction: FWL
Sec: 29 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) 04/20/2011 13. Date TD: 04/24/2011 14. Date Casing Set or D&A: 04/25/2011

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 6814 TVD** 6725 17 Plug Back Total Depth MD 6771 TVD** 6682

18. Elevations GR 4657 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:
BCL, 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	446	440	0	446	CALC
1ST	7+7/8	4+1/2		0	6,787	535	2,610	6,787	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	3,337		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,076		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,287		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,521		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,557		<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: VP OPERATIONS - RM Date: 6/1/2011 Email: KAM@BONANZACRK.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
2537310	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2537309	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>			
2537308	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)