

FORM
5Rev
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:

2586607

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 05-123-33178-00

6. County: WELD

7. Well Name: Antelope

Well Number: 24-29

8. Location: QtrQtr: NESW Section: 29 Township: 5N Range: 62W Meridian: 6

Footage at surface: Distance: 1478 feet Direction: FSL Distance: 1572 feet Direction: FWL

As Drilled Latitude: 40.367350 As Drilled Longitude: -104.351280

GPS Data:

Date of Measurement: 05/25/2011 PDOP Reading: 1.5 GPS Instrument Operator's Name: AARON LUND

** If directional footage at Top of Prod. Zone Dist.: 658 feet. Direction: FSL Dist.: 1969 feet. Direction: FWL

Sec: 29 Twp: 5N Rng: 62W

** If directional footage at Bottom Hole Dist.: 658 feet. Direction: FSL Dist.: 1969 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) 05/14/2011 13. Date TD: 05/17/2011 14. Date Casing Set or D&A: 05/18/2011

15. Well Classification:

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

16. Total Depth MD 6720 TVD** 6619 17 Plug Back Total Depth MD 6687 TVD** 6586

18. Elevations GR 4590 KB 4600

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 | 447 | 440 | 0 | 447 | CALC |
| 1ST | 7+7/8 | 4+1/2 | | 0 | 6,701 | 505 | 2,780 | 6,701 | 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 | 3,317 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SUSSEX | 4,020 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 6,212 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT HAYS | 6,447 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CODELL | 6,472 | | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

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| |
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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: 6/15/2011 Email: KAM@BONANZACRK.COM

Attachment Check List

| Att Doc Num | Document Name | attached ? | | | |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| 2586609 | CMT Summary * | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| | Core Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| 2586608 | 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> | | | | | |
| 2586607 | 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)