

**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:

1636726

**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 05-123-33020-00 6. County: WELD  
7. Well Name: Antelope Well Number: 12-17  
8. Location: QtrQtr: NWSW Section: 17 Township: 5N Range: 62W Meridian: 6  
Footage at surface: Distance: 2046 feet Direction: FSL Distance: 760 feet Direction: FWL  
As Drilled Latitude: 40.397890 As Drilled Longitude: -104.353840

## GPS Data:

Data of Measurement: 05/23/2011 PDOP Reading: 1.3 GPS Instrument Operator's Name: ADAM KELLY\*\* If directional footage at Top of Prod. Zone Dist.: 1980 feet. Direction: FNL Dist.: 652 feet. Direction: FWLSec: 17 Twp: 5N Rng: 62W\*\* If directional footage at Bottom Hole Dist.: 1980 feet. Direction: FNL Dist.: 652 feet. Direction: FWLSec: 17 Twp: 5N Rng: 62W9. Field Name: WATTENBERG 10. Field Number: 90750

11. Federal, Indian or State Lease Number: \_\_\_\_\_

12. Spud Date: (when the 1st bit hit the dirt) 04/27/2011 13. Date TD: 04/30/2011 14. Date Casing Set or D&A: 05/01/2011

## 15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 6843 TVD\*\* 6687 17 Plug Back Total Depth MD 6815 TVD\*\* 665918. Elevations GR 4690 KB 4702

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	444	440	0	444	CALC
1ST	7+7/8	4+1/2		0	6,836	480	2,850	6,836	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:

<b>FORMATION LOG INTERVALS AND TEST ZONES</b>					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PARKMAN	3,389		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,117		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,260		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,497		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,520		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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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 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>					
1636728	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
1636727	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>					
1636726	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### **General Comments**

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

Total: 0 comment(s)