

**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:

2587497

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 05-123-32892-00 6. County: WELD
7. Well Name: Antelope Well Number: Q-31
8. Location: QtrQtr: SENE Section: 31 Township: 5N Range: 62W Meridian: 6
Footage at surface: Distance: 1940 feet Direction: FNL Distance: 660 feet Direction: FEL
As Drilled Latitude: 40.358110 As Drilled Longitude: -104.359330

GPS Data:

Date of Measurement: 06/26/2011 PDOP Reading: 2.1 GPS Instrument Operator's Name: LARRY ROBBINS** If directional footage at Top of Prod. Zone Dist.: 1323 feet. Direction: FNL Dist.: 1306 feet. Direction: FELSec: 31 Twp: 5N Rng: 62W** If directional footage at Bottom Hole Dist.: 1323 feet. Direction: FNL Dist.: 1306 feet. Direction: FELSec: 31 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) 05/07/2011 13. Date TD: 05/10/2011 14. Date Casing Set or D&A: 05/11/2011

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 6755 TVD** 6668 17 Plug Back Total Depth MD 6715 TVD** 662818. Elevations GR 4593 KB 4605

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	434	440	0	434	CALC
1ST	7+7/8	4+1/2		0	6,742	440	3,234	6,742	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	3,326		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,041		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,240		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,490		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,504		<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: KERRY A. MCCOWEN

Title: VP OPERATIONS Date: 7/15/2011 Email: KAM@BONANZACRK.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2587499	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2587498	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>					
2587497	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)