

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:

2072658

## 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 05-123-33181-00 6. County: WELD  
7. Well Name: Antelope Well Number: I-29  
8. Location: QtrQtr: NESW Section: 29 Township: 5N Range: 62W Meridian: 6  
Footage at surface: Distance: 1490 feet Direction: FSL Distance: 1572 feet Direction: FWL  
As Drilled Latitude: 40.367420 As Drilled Longitude: -104.351330

## GPS Data:

Data of Measurement: 05/25/2011 PDOP Reading: 1.2 GPS Instrument Operator's Name: ARRON LUND

\*\* If directional footage at Top of Prod. Zone Dist.: 1323 feet. Direction: FSL Dist.: 1364 feet. Direction: FEL

Sec: 29 Twp: 5N Rng: 62W

\*\* If directional footage at Bottom Hole Dist.: 1323 feet. Direction: FSL Dist.: 1364 feet. Direction: FEL

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) 05/05/2011 13. Date TD: 05/08/2011 14. Date Casing Set or D&amp;A: 05/09/2011

## 15. Well Classification:

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

16. Total Depth MD 6721 TVD\*\* 6709 17 Plug Back Total Depth MD 6703 TVD\*\* 6691

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	440	430	0	440	CALC
1ST	7+7/8	4+1/2		0	6,712	500	3,000	6,712	CBL

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____					
Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
Details of work:					

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	3,353		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,043		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,219		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,457		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,481		<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-RM Date: 6/15/2011 Email: KAM@BONANZACRK.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2072659	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2072660	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>					
2072658	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date
Permit	SHL SHOULD BE FWL, NOT FEL. I AM HAVING IT CHANGED IT WELL UPDATE.	10/3/2011 3:09:12 PM

Total: 1 comment(s)