

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:
2588849

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 05-123-34044-00 6. County: WELD
 7. Well Name: Antelope Well Number: 12-20
 8. Location: QtrQtr: NWNW Section: 20 Township: 5N Range: 62W Meridian: 6
 Footage at surface: Distance: 582 feet Direction: FNL Distance: 699 feet Direction: FWL
 As Drilled Latitude: 40.390600 As Drilled Longitude: -104.354060

GPS Data:

Date of Measurement: 09/07/2011 PDOP Reading: 1.9 GPS Instrument Operator's Name: DAN GRIGGS

** If directional footage at Top of Prod. Zone Dist.: 1980 feet. Direction: FNL Dist.: 643 feet. Direction: FWL
 Sec: 20 Twp: 5N Rng: 62W

** If directional footage at Bottom Hole Dist.: 1980 feet. Direction: FNL Dist.: 643 feet. Direction: FWL
 Sec: 20 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) 09/03/2011 13. Date TD: 09/06/2011 14. Date Casing Set or D&A: 09/07/2011

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 6914 TVD** 6721 17 Plug Back Total Depth MD 6843 TVD** 6650

18. Elevations GR 4654 KB 4664

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	465	470	0	465	CALC
1ST	7+7/8	4+1/2		0	6,894	515	3,004	6,894	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	3,431		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,171		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,284		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,519		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,545		<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: 9/30/2011 Email: KAM@BONANZACRK.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
2588851	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2588850	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"/>
Other Attachments			
2588849	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)