

APPLICATION FOR PERMIT TO:

1. **Drill,** Deepen, Re-enter, Recomplete and Operate

2. TYPE OF WELL
 OIL GAS COALBED OTHER _____
 SINGLE ZONE MULTIPLE COMMINGLE

Refiling
 Sidetrack

Document Number:
 400228932
 PluggingBond SuretyID
 20070004

3. Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY LLC 4. COGCC Operator Number: 8960
 5. Address: P O BOX 21974
 City: BAKERSFIELD State: CA Zip: 93390
 6. Contact Name: Keith Caplan Phone: (720)440-6100 Fax: (720)279-2331
 Email: KCaplan@bonanzacrck.com
 7. Well Name: Antelope Well Number: F-20
 8. Unit Name (if appl): _____ Unit Number: _____
 9. Proposed Total Measured Depth: 6780

WELL LOCATION INFORMATION

10. QtrQtr: NWNW Sec: 20 Twp: 5N Rng: 62W Meridian: 6
 Latitude: 40.390830 Longitude: -104.354010
 Footage at Surface: 517 feet FNL 713 feet FWL
 11. Field Name: Wattenberg Field Number: 90750
 12. Ground Elevation: 4652 13. County: WELD

14. GPS Data:
 Date of Measurement: 11/08/2011 PDOP Reading: 3.8 Instrument Operator's Name: Dan Griggs

15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**
 Footage at Top of Prod Zone: 50 FNL 1250 FWL Bottom Hole: 50 FNL 1250 FWL
 Sec: 20 Twp: 5N Rng: 62W Sec: 20 Twp: 5N Rng: 62W

16. Is location in a high density area? (Rule 603b)? Yes No
 17. Distance to the nearest building, public road, above ground utility or railroad: 725 ft
 18. Distance to nearest property line: 517 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 753 ft

LEASE, SPACING AND POOLING INFORMATION

Objective Formation(s)	Formation Code	Spacing Order Number(s)	Unit Acreage Assigned to Well	Unit Configuration (N/2, SE/4, etc.)
Niobrara-Codell	NB-CD		160	GWA

21. Mineral Ownership: Fee State Federal Indian Lease #: _____
 22. Surface Ownership: Fee State Federal Indian
 23. Is the Surface Owner also the Mineral Owner? Yes No Surface Surety ID#: 20070001
 23a. If 23 is Yes: Is the Surface Owner(s) signature on the lease? Yes No
 23b. If 23 is No: Surface Owners Agreement Attached or \$25,000 Blanket Surface Bond \$2,000 Surface Bond \$5,000 Surface Bond

24. Using standard QtrQtr, Sec, Twp, Rng format enter entire mineral lease description upon which this proposed wellsite is located (attach separate sheet/map if you prefer):

T4N-R62W: SEC. 3: NW/4; SEC. 5: ALL; SEC. 7: SW/4 NW/4, W/2 SW/4; SEC. 17: NE/4, N/2 NW/4; SEC. 18: N/2 N/2. T4N-R63W: SEC. 1: LOT 1 AND 2, S/2 N/2, S/2; SEC. 2: NE/4, NE/4 SE/4, N/2 NW/4; SEC. 12: NE/4, E/2 NW/4, E/2 SE/4. T5N-R62W: SEC. 3: LOT 2, SW/4 NE/4, W/2 SE/4; SEC. 15: W/2 E/2, W/2; SEC. 17: ALL; SEC. 18: LOT 1-4, E/2 W/2, SE/4; SEC. 19: ALL (EXCEPT NW/4 NW/4); SEC. 20: W/2; SEC. 21: ALL; SEC. 29: ALL; SEC. 31: ALL; SEC. 33: N/2. T5N-R63W: SEC. 24: W/2; SEC. 34: SE/4 NE/4, SE/4; SEC. 35: S/2; SEC. 36: SW/4 SW/4.

25. Distance to Nearest Mineral Lease Line: 50 ft 26. Total Acres in Lease: 8437

DRILLING PLANS AND PROCEDURES

27. Is H2S anticipated? Yes No If Yes, attach contingency plan.

28. Will salt sections be encountered during drilling? Yes No

29. Will salt (>15,000 ppm TDS CL) or oil based muds be used during drilling? Yes No

30. If questions 28 or 29 are yes, is this location in a sensitive area (Rule 901.e)? Yes No

31. Mud disposal: Offsite Onsite

If 28, 29, or 30 are "Yes" a pit permit may be required.

Method: Land Farming Land Spreading Disposal Facility Other: _____

Note: The use of an earthen pit for Recompletion fluids requires a pit permit (Rule 905b). If air/gas drilling, notify local fire officials.

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top
SURF	13+1/2	8+5/8	24	0	410	241	410	0
1ST	7+7/8	4+1/2	11.6	0	6,749	160	6,780	0

32. BOP Equipment Type: Annular Preventer Double Ram Rotating Head None

33. Comments Conductor casing will not be used on this well. Wellbore Spacing Unit: T5N62W: Sec 17 S2 SW4; Sec 20 N2 NW4.

34. Location ID: 424418

35. Is this application in a Comprehensive Drilling Plan ? Yes No

36. Is this application part of submitted Oil and Gas Location Assessment ? Yes No

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Keith Caplan

Title: Sr. Operations Tech Date: _____ Email: KCaplan@bonanzacrk.com

Based on the information provided herein, this Application for Permit-to-Drill complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

API NUMBER

05

Permit Number: _____ Expiration Date: _____

CONDITIONS OF APPROVAL, IF ANY:

All representations, stipulations and conditions of approval stated in the Form 2A for this location shall constitute representations, stipulations and conditions of approval for this Form 2 Permit-to-Drill and are enforceable to the same extent as all other representations, stipulations and conditions of approval stated in this Permit-to-Drill.

Attachment Check List

Att Doc Num	Name
400228933	PLAT
400228934	DEVIATED DRILLING PLAN

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)

BMP

<u>Type</u>	<u>Comment</u>

Total: 0 comment(s)