

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:

2285984

## 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 05-123-34086-00

6. County: WELD

7. Well Name: Antelope

Well Number: 34-17

8. Location: QtrQtr: NESE Section: 17 Township: 5N Range: 62W Meridian: 6

Footage at surface: Distance: 2173 feet Direction: FSL Distance: 833 feet Direction: FEL

As Drilled Latitude: 40.398320 As Drilled Longitude: -104.340820

## GPS Data:

Data of Measurement: 11/07/2011 PDOP Reading: 1.4 GPS Instrument Operator's Name: ADAM KELLY

\*\* If directional footage at Top of Prod. Zone Dist.: 654 feet. Direction: FSL Dist.: 2021 feet. Direction: FEL

Sec: 17 Twp: 5N Rng: 62W

\*\* If directional footage at Bottom Hole Dist.: 654 feet. Direction: FSL Dist.: 2021 feet. Direction: FEL

Sec: 17 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) 10/05/2011 13. Date TD: 10/10/2011 14. Date Casing Set or D&amp;A: 10/11/2011

## 15. Well Classification:

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

16. Total Depth MD 7155 TVD\*\* 6748 17 Plug Back Total Depth MD 7094 TVD\*\* 6687

18. Elevations GR 4691 KB 4701

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	535	520	0	535	CALC
1ST	7+7/8	4+1/2		0	7,119	555	3,030	7,119	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	3,403		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,108		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,287		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,445		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,519		<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: 11/14/2011 Email: KAM@BONANZACRK.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2285986	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2285985	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>					
2285984	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date
Permit	requested for Ind/Nue/Den LAS	1/10/2012 8:42:15 AM

Total: 1 comment(s)