

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:

400249050

## 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: Kieth Caplan  
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 05-123-34914-00 6. County: WELD  
7. Well Name: Antelope Well Number: L-17  
8. Location: QtrQtr: NENW Section: 17 Township: 5N Range: 62W Meridian: 6  
Footage at surface: Distance: 639 feet Direction: FNL Distance: 1997 feet Direction: FWL  
As Drilled Latitude: 40.404870 As Drilled Longitude: -104.349280

## GPS Data:

Data of Measurement: 11/08/2011 PDOP Reading: 2.7 GPS Instrument Operator's Name: Dan Griggs

\*\* If directional footage at Top of Prod. Zone Dist.: 1300 feet. Direction: FNL Dist.: 2580 feet. Direction: FWL

Sec: 17 Twp: 5N Rng: 62W

\*\* If directional footage at Bottom Hole Dist.: 1300 feet. Direction: FNL Dist.: 2580 feet. Direction: FWL

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) 01/18/2012 13. Date TD: 01/24/2012 14. Date Casing Set or D&amp;A: 01/18/2012

## 15. Well Classification:

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

16. Total Depth MD 6805 TVD\*\* 6721 17 Plug Back Total Depth MD 6758 TVD\*\* 6721

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:

CEMENT BOND LOG, GAMMA RAY, COMPENSATED DENSITY, COMPENSATED NEUTRON, HIGH RES. INDUCTION

## 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	24	0	426	430	0	426	CALC
1ST	7+7/8	4+1/2	11.60	0	6,758	465	2,755	6,805	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:

<b>FORMATION LOG INTERVALS AND TEST ZONES</b>					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PARKMAN	3,498		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,234		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,376		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,608		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,634		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:	
I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.	
Signed: _____	Print Name: Bryan Brown
Title: Drilling Engineer	Date: _____ Email: bbrown@bonanzacrk.com

### Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
400249083	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400250304	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 checked="" type="checkbox"/> No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<u>Other Attachments</u>		
400249079	LAS-CEMENT BOND	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)