

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:  
400253947

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  
2. Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY  
3. Address: P O BOX 21974  
City: BAKERSFIELD State: CA Zip: 93390  
4. Contact Name: Keith Caplan  
Phone: (720) 440-6100  
Fax: (720) 279-2331

5. API Number 05-123-34906-00  
6. County: WELD  
7. Well Name: Antelope Well Number: D-17  
8. Location: QtrQtr: NWSW Section: 17 Township: 5N Range: 62W Meridian: 6  
Footage at surface: Distance: 2019 feet Direction: FSL Distance: 775 feet Direction: FWL  
As Drilled Latitude: 40.397810 As Drilled Longitude: -104.353720

GPS Data:

Date of Measurement: 02/07/2012 PDOP Reading: 1.3 GPS Instrument Operator's Name: Wyatt Hall

\*\* If directional footage at Top of Prod. Zone Dist.: 568 feet. Direction: FSL Dist.: 732 feet. Direction: FWL  
Sec: 17 Twp: 5N Rng: 62W

\*\* If directional footage at Bottom Hole Dist.: 568 feet. Direction: FSL Dist.: 732 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) 01/30/2012 13. Date TD: 02/05/2012 14. Date Casing Set or D&A: 01/30/2012

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 6790 TVD\*\* 6701 17 Plug Back Total Depth MD 6725 TVD\*\* 6701

18. Elevations GR 4672 KB 4682

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, GAMMA RAY, HRI, CDL, CNL

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	473	480	0	473	CALC
1ST	7+7/8	4+1/2	11.6	0	6,770	365		6,790	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	3,452		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,202		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,366		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,596		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,620		<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 EIT Date: \_\_\_\_\_ Email: bbrown@bonanzacrk.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400253965	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400253967	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>			
400254033	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400255803	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)