

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:

2286254

Date Received:

12/01/2011

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: LESLIE ECKHOFF
Phone: (720) 440-61-6
Fax: (720) 279-2331

5. API Number 05-123-34096-00
6. County: WELD
7. Well Name: Antelope Well Number: 43-17
8. Location: QtrQtr: NESE Section: 17 Township: 5N Range: 62W Meridian: 6
Footage at surface: Distance: 2172 feet Direction: FSL Distance: 819 feet Direction: FEL
As Drilled Latitude: 40.398320 As Drilled Longitude: -104.340770

GPS Data:
Date of Measurement: 10/07/2011 PDOP Reading: 1.4 GPS Instrument Operator's Name: ADAM KELLY

** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:
Sec: Twp: Rng:
** If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:
Sec: Twp: Rng:

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) 10/12/2011 13. Date TD: 10/16/2011 14. Date Casing Set or D&A: 10/16/2011

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 6737 TVD** 17 Plug Back Total Depth MD 6688 TVD**

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	525	520	0	525	CALC
1ST	7+7/8	4+1/2		0	6,702	510	1,810	6,702	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	3,402		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,115		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,294		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,521		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,547		<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: STEPHEN R. WOLFE

Title: SR PRODUCTION ENG Date: 11/22/2011 Email: SWOLFE@BONANZACRK.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
2286255	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" 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			
2286254	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)