

FORM  
5Rev  
02/08

## State of Colorado

## Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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| DE | ET | OE | ES |
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Document Number:

400307766

Date Received:

## 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: Bryan Brown

2. Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY

Phone: (720) 440-6100

3. Address: 410 17TH STREET SUITE #1400

Fax: (720) 279-2331

City: DENVER State: CO Zip: 80202

5. API Number 05-123-35134-00

6. County: WELD

7. Well Name: Antelope

Well Number: N-19

8. Location: QtrQtr: SESW Section: 19 Township: 5N Range: 62W Meridian: 6

Footage at surface: Distance: 725 feet Direction: FSL Distance: 1930 feet Direction: FWL

As Drilled Latitude: 40.379520 As Drilled Longitude: -104.367890

## GPS Data:

Data of Measurement: 05/17/2012 PDOP Reading: 1.7 GPS Instrument Operator's Name: Adam Kelly

\*\* If directional footage at Top of Prod. Zone Dist.: 1377 feet. Direction: FSL Dist.: 1450 feet. Direction: FWL

Sec: 19 Twp: 5n Rng: 62w

\*\* If directional footage at Bottom Hole Dist.: 1377 feet. Direction: FSL Dist.: 2461 feet. Direction: FWL

Sec: 19 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) 04/30/2012 13. Date TD: 05/04/2012 14. Date Casing Set or D&amp;A: 05/05/2012

## 15. Well Classification:

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

16. Total Depth MD 6775 TVD\*\* 6689 17 Plug Back Total Depth MD 6730 TVD\*\* 6640

18. Elevations GR 4622 KB 4632

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        | 12+1/4       | 8+5/8          | 24    | 0             | 475           | 340       | 0       | 475     | CALC   |
| 1ST         | 7+7/8        | 4+1/2          | 11.6  | 0             | 6,730         |           | 2,704   | 6,775   | CBL    |

## STAGE/TOP OUT/REMEDIAL CEMENT

|                         |        |                                   |               |            |               |
|-------------------------|--------|-----------------------------------|---------------|------------|---------------|
| Cement work date: _____ |        |                                   |               |            |               |
| Method used             | String | Cementing tool setting/perf 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                    |   |
| SHARON SPRINGS                                | 6,262          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| NIOBRARA                                      | 6,371          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| CODELL  | 6,626          |        | <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> |                        |   |
| 400308457                   | CMT Summary *          | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
|                             | Core Analysis          | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 400308456                   | 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>    |                        |   |
| 400308451                   | LAS-TRIPLE COMBINATION | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400308452                   | LAS-                   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400308454                   | DIRECTIONAL DATA       | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

### General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|----------------|---------------------|
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Total: 0 comment(s)