

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



DE ET OE ES

Document Number:

400309125

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 05-123-35131-00

6. County: WELD

7. Well Name: Antelope

Well Number: H-19

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

Footage at surface: Distance: 1999 feet Direction: FNL Distance: 1894 feet Direction: FWL

As Drilled Latitude: 40.386490 As Drilled Longitude: -104.368160

## GPS Data:

Data of Measurement: 07/19/2012 PDOP Reading: 1.7 GPS Instrument Operator's Name: Brian Rottinghaus

\*\* If directional footage at Top of Prod. Zone Dist.: 2568 feet. Direction: FSL Dist.: 1245 feet. Direction: FWL

Sec: 19 Twp: 5N Rng: 62W

\*\* If directional footage at Bottom Hole Dist.: 2568 feet. Direction: FSL Dist.: 1245 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) 05/06/2012 13. Date TD: 05/10/2012 14. Date Casing Set or D&amp;A: 05/11/2012

## 15. Well Classification:

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

16. Total Depth MD 6806 TVD\*\* 6703 17 Plug Back Total Depth MD 6765 TVD\*\* 6662

18. Elevations GR 4618 KB 4628

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	464	340	0	464	CALC
1ST	7+7/8	4+1/2	11.6	0	6,765	485	2,350	6,790	

## 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	6,274		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,380		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,643		<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>		
400309312	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400309158	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>		
400309145	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400309153	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400309157	DIRECTIONAL DATA	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)