

**FORM**  
**5**  
Rev  
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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Document Number:  
2237303

Date Received:  
07/10/2012

**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: KERRY MCCOWEN  
 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 05-123-32843-00 6. County: WELD  
 7. Well Name: Antelope Well Number: 22-31  
 8. Location: QtrQtr: SENW Section: 31 Township: 5N Range: 62W Meridian: 6  
 Footage at surface: Distance: 1499 feet Direction: FNL Distance: 1207 feet Direction: FWL  
 As Drilled Latitude: 40.359190 As Drilled Longitude: -104.371000

GPS Data:  
 Date of Measurement: 06/25/2011 PDOP Reading: 2.3 GPS Instrument Operator's Name: LARRY ROBBINS

\*\* If directional footage at Top of Prod. Zone Dist.: 1973 feet. Direction: FNL Dist.: 1969 feet. Direction: FWL  
 Sec: 31 Twp: 5N Rng: 62W  
 \*\* If directional footage at Bottom Hole Dist.: 1973 feet. Direction: FNL Dist.: 1969 feet. Direction: FWL  
 Sec: 31 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) 05/24/2011 13. Date TD: 05/28/2011 14. Date Casing Set or D&A: 05/29/2011

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

16. Total Depth MD 6752 TVD\*\* 6669 17 Plug Back Total Depth MD 6730 TVD\*\* 6647

18. Elevations GR 4589 KB 4599 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             | 431           | 430       | 0       | 431     | CALC   |
| 1ST         | 7+7/8        | 4+1/2          |       | 0             | 6,747         | 495       | 2,620   | 6,747   | 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:

| 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                                | 3,329          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| SUSSEX                                 | 3,989          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| NIOBRARA                               | 6,229          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| FORT HAYS                              | 6,479          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| CODELL                                 | 6,499          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |

Comment:

FORMATION LOG INTERVALS AND TEST ZONES COMMENTS: FORMATIONS ARE TVD

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 ENGINEER Date: 7/9/2012 Email: SWOLFE@ BONANZACRK.COM

### Attachment Check List

| Att Doc Num                 | Document Name         | attached ?                              |  |
|-----------------------------|-----------------------|---|--|
| <b>Attachment Checklist</b> |                       |   |  |
| 2237305                     | CMT Summary *         | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
|                             | Core Analysis         | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
| 2237304                     | 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 type="checkbox"/>            | No <input checked="" type="checkbox"/> |
|                             | Other                 | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
| <b>Other Attachments</b>    |                       |   |  |
| 2237303                     | FORM 5 SUBMITTED      | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |

### General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
|            |         |              |

Total: 0 comment(s)