

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



DE ET OE ES

Document Number:

400305920

Date Received:

07/16/2012

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.

Completion Type [X] 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 05-123-35241-00 6. County: WELD
7. Well Name: Antelope Well Number: F-29
8. Location: QtrQtr: SWNW Section: 29 Township: 5N Range: 62W Meridian: 6
Footage at surface: Distance: 1597 feet Direction: FNL Distance: 1119 feet Direction: FWL
As Drilled Latitude: 40.373460 As Drilled Longitude: -104.352760

GPS Data:
Date of Measurement: 05/17/2012 PDOP Reading: 1.9 GPS Instrument Operator's Name: Adam Kelly

** If directional footage at Top of Prod. Zone Dist.: 50 feet. Direction: FNL Dist.: 1050 feet. Direction: FWL
Sec: 29 Twp: 5n Rng: 62w
** If directional footage at Bottom Hole Dist.: 50 feet. Direction: FNL Dist.: 1050 feet. Direction: FWL
Sec: 29 Twp: 5n Rng: 62q

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) 04/18/2012 13. Date TD: 04/22/2012 14. Date Casing Set or D&A: 04/23/2012

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

16. Total Depth MD 6961 TVD** 6694 17 Plug Back Total Depth MD 6936 TVD** 6669

18. Elevations GR 4658 KB 4668
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

Table with 10 columns: Casing Type, Size of Hole, Size of Casing, Wt/Ft, Csg/Liner Top, Setting Depth, Sacks Cmt, Cmt Top, Cmt Bot, Status. Rows include SURF and 1ST.

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	
SHARON SPRINGS	6,432		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,550		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,787		<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: 7/16/2012 Email: bbrown@bonanzacr.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400305944	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400305940	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>			
400305920	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400305934	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400305935	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400305936	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)