

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:
400361296

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: Olga Chikaloff
 2. Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY Phone: (720) 440-1600
 3. Address: 410 17TH STREET SUITE #1400 Fax: (720) 279-2331
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-36105-00 6. County: WELD
 7. Well Name: Antelope Well Number: 41-44-31HZ
 8. Location: QtrQtr: NENE Section: 31 Township: 5N Range: 62W Meridian: 6
 Footage at surface: Distance: 774 feet Direction: FNL Distance: 548 feet Direction: FEL
 As Drilled Latitude: 40.361280 As Drilled Longitude: -104.358910

GPS Data:
 Date of Measurement: 10/26/2012 PDOP Reading: 1.8 GPS Instrument Operator's Name: Brian Rottinghaus

** If directional footage at Top of Prod. Zone Dist.: 516 feet. Direction: FNL Dist.: 439 feet. Direction: FEL
 Sec: 31 Twp: 5N Rng: 62W
 ** If directional footage at Bottom Hole Dist.: 494 feet. Direction: FSL Dist.: 518 feet. Direction: FEL
 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) 10/10/2012 13. Date TD: 10/16/2012 14. Date Casing Set or D&A: 10/17/2012

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

16. Total Depth MD 11050 TVD** 6356 17 Plug Back Total Depth MD 11050 TVD** 6356

18. Elevations GR 4604 KB 4619 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:
Mudlog, CBL

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	9+5/8	36	0	436	370	0	436	CALC
1ST	8+3/4	7	26	0	6,947	483	1,612	6,947	CBL
1ST LINER	6+1/8	4+1/2	11.6	6883	11,050				

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	6,299		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,481		<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: Olga Chikaloff

Title: Engineering Tech Date: _____ Email: ochikaloff@bonanzack.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400361908	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400361314	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>			
400361311	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400361313	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400362961	LAS-CEMENT BOND	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)