

FORM 2

Rev 12/05

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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Date Received:

04/30/2013

PluggingBond SuretyID

20120018

APPLICATION FOR PERMIT TO:

1. [X] Drill, [] Deepen, [] Re-enter, [] Recomplete and Operate

2. TYPE OF WELL

OIL [X] GAS [] COALBED [] OTHER [] SINGLE ZONE [X] MULTIPLE [] COMMINGLE []

Refiling [] Sidetrack []

3. Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY LLC

4. COGCC Operator Number: 8960

5. Address: 410 17TH STREET SUITE #1400

City: DENVER State: CO Zip: 80202

6. Contact Name: Randy Edelen Phone: (720)440-6100 Fax: (720)2331 Email: REdelen@bonanzacrk.com

7. Well Name: Antelope Well Number: K-O-17HNB

8. Unit Name (if appl): Unit Number:

9. Proposed Total Measured Depth: 11033

WELL LOCATION INFORMATION

10. QtrQtr: NWNE Sec: 17 Twp: 5N Rng: 62W Meridian: 6

Latitude: 40.405410 Longitude: -104.342720

Footage at Surface: 480 feet FNL/FSL FNL FEL 1409 feet FEL/FWL FEL

11. Field Name: Wattenberg Field Number: 90750

12. Ground Elevation: 4695 13. County: WELD

14. GPS Data:

Date of Measurement: 03/11/2013 PDOP Reading: 2.7 Instrument Operator's Name: Brian Rottinghaus

15. If well is [] Directional [X] Horizontal (highly deviated) submit deviated drilling plan.

Footage at Top of Prod Zone: 631 FNL 2450 FEL 470 FSL 2450 FEL Sec: 17 Twp: 5N Rng: 62W

16. Is location in a high density area? (Rule 603b)? [] Yes [X] No

17. Distance to the nearest building, public road, above ground utility or railroad: 373 ft

18. Distance to nearest property line: 480 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 150 ft

20. LEASE, SPACING AND POOLING INFORMATION

Table with 5 columns: Objective Formation(s), Formation Code, Spacing Order Number(s), Unit Acreage Assigned to Well, Unit Configuration (N/2, SE/4, etc.)

21. Mineral Ownership: [X] Fee [] State [] Federal [] Indian Lease #:

22. Surface Ownership: [X] Fee [] State [] Federal [] Indian

23. Is the Surface Owner also the Mineral Owner? [X] Yes [] No Surface Surety ID#:

23a. If 23 is Yes: Is the Surface Owner(s) signature on the lease? [] Yes [X] No

23b. If 23 is No: [] Surface Owners Agreement Attached or [] \$25,000 Blanket Surface Bond [] \$2,000 Surface Bond [] \$5,000 Surface Bond

24. Using standard QtrQtr, Sec, Twp, Rng format enter entire mineral lease description upon which this proposed wellsite is located (attach separate sheet/map if you prefer):

5N-62W-17 All and lands in other sections

25. Distance to Nearest Mineral Lease Line: 470

26. Total Acres in Lease: 640

DRILLING PLANS AND PROCEDURES

27. Is H2S anticipated? Yes No If Yes, attach contingency plan.

28. Will salt sections be encountered during drilling? Yes No

29. Will salt (>15,000 ppm TDS CL) or oil based muds be used during drilling? Yes No

30. If questions 28 or 29 are yes, is this location in a sensitive area (Rule 901.e)? Yes No

31. Mud disposal: Offsite Onsite

If 28, 29, or 30 are "Yes" a pit permit may be required.

Method: Land Farming Land Spreading Disposal Facility Other: _____

Note: The use of an earthen pit for Recompletion fluids requires a pit permit (Rule 905b). If air/gas drilling, notify local fire officials.

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top
SURF	13+1/2	9+5/8	36.00	0	410	200	410	0
1ST	8+3/4	7	26.00	0	6,914	500	6,914	2,500
1ST LINER	6+1/8	4+1/2	11.60	6814	11,033			

32. BOP Equipment Type: Annular Preventer Double Ram Rotating Head None

33. Comments Conductor casing will not be used.

34. Location ID: _____

35. Is this application in a Comprehensive Drilling Plan? Yes No

36. Is this application part of submitted Oil and Gas Location Assessment? Yes No

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Randy Edelen

Title: Regulatory Specialist Date: 4/30/2013 Email: REdelen@bonanzacr.com

Based on the information provided herein, this Application for Permit-to-Drill complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

API NUMBER

05

Permit Number: _____ Expiration Date: _____

CONDITIONS OF APPROVAL, IF ANY:

All representations, stipulations and conditions of approval stated in the Form 2A for this location shall constitute representations, stipulations and conditions of approval for this Form 2 Permit-to-Drill and are enforceable to the same extent as all other representations, stipulations and conditions of approval stated in this Permit-to-Drill.

Data retrieval failed for the subreport 'IntPolicy_NTC' located at: \\lnetpub\Net\Reports\policy_ntc.rdlc. Please check the

Attachment Check List

Att Doc Num	Name
400377037	FORM 2 SUBMITTED
400403188	WELL LOCATION PLAT
400403190	DEVIATED DRILLING PLAN
400403191	DIRECTIONAL DATA
400411719	OFFSET WELL EVALUATION

Total Attach: 5 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Returned to draft. No right to construct given. Missing Exception Location Request and Waivers. Missing Proposed Spacing Unit	5/2/2013 9:39:48 AM
Permit	Operator changed Spacing Order to 407-740.	5/1/2013 2:23:36 PM
Permit	Returned to DRAFT. Spacing order 407-470 does not cover this township.	5/1/2013 10:52:02 AM

Total: 3 comment(s)

BMP

<u>Type</u>	<u>Comment</u>

Total: 0 comment(s)