

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:
400507012

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) 237-2331
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-37403-00 6. County: WELD
 7. Well Name: State Antelope Well Number: 41-44-16HNB
 8. Location: QtrQtr: NWNE Section: 16 Township: 5N Range: 62W Meridian: 6
 Footage at surface: Distance: 635 feet Direction: FNL Distance: 1731 feet Direction: FEL
 As Drilled Latitude: 40.405390 As Drilled Longitude: -104.325110

GPS Data:
 Date of Measurement: 10/29/2013 PDOP Reading: 2.2 GPS Instrument Operator's Name: Wyatt Hall

** If directional footage at Top of Prod. Zone Dist.: 614 feet. Direction: FNL Dist.: 666 feet. Direction: FEL
 Sec: 16 Twp: 5N Rng: 62W
 ** If directional footage at Bottom Hole Dist.: 483 feet. Direction: FSL Dist.: 669 feet. Direction: FEL
 Sec: 16 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) 07/25/2013 13. Date TD: 08/03/2013 14. Date Casing Set or D&A: 08/03/2013

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

16. Total Depth MD 11186 TVD** 6421 17 Plug Back Total Depth MD 11186 TVD** 6421

18. Elevations GR 4773 KB 4788 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, MUD

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	521	440	0	521	CBL
1ST	8+3/4	7	26	0	6,999	816	150	6,999	CALC
1ST LINER	6+1/2	4+1/2	00.6	6870	11,186				

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	6,461		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,570		<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 Technician Date: _____ Email: ochikaloff@bonanzack.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400507047	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400507043	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>			
400507040	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400507041	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400507045	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400511017	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400511018	PDF-	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)