

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.

Document Number:
400715278

Date Received:

Completion Type Final completion Preliminary completion

OGCC Operator Number: 8960 Contact Name: Olga Chikaloff

Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY Phone: (720) 440-1600

Address: 410 17TH STREET SUITE #1400 Fax: (720) 279-2331

City: DENVER State: CO Zip: 80202

API Number 05-123-39063-00 County: WELD

Well Name: Antelope Well Number: 11-41-33HNB

Location: QtrQtr: SWNW Section: 33 Township: 5N Range: 62W Meridian: 6

Footage at surface: Distance: 1469 feet Direction: FNL Distance: 390 feet Direction: FWL

As Drilled Latitude: 40.359390 As Drilled Longitude: -104.336870

GPS Data:
Date of Measurement: 07/28/2014 PDOP Reading: 1.6 GPS Instrument Operator's Name: Wyatt Hall

** If directional footage at Top of Prod. Zone Dist.: 638 feet. Direction: FSL Dist.: 733 feet. Direction: FWL
Sec: 33 Twp: 5N Rng: 62W

** If directional footage at Bottom Hole Dist.: 981 feet. Direction: FNL Dist.: 470 feet. Direction: FEL
Sec: 33 Twp: 5N Rng: 62W

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 04/19/2014 Date TD: 04/26/2014 Date Casing Set or D&A: 04/27/2014

Rig Release Date: 04/28/2014 Per Rule 308A.b.

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

Total Depth MD 10835 TVD** 6237 Plug Back Total Depth MD 10835 TVD** 6237

Elevations GR 4579 KB 4596 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
MUD, CBL

CASING, LINER AND CEMENT

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	467	190	0	467	CALC
1ST	8+3/4	7	26	0	6,748	780	0	6,748	CBL
1ST LINER	6+1/8	4+1/2	11.6	6560	10,835				VISU

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:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
SHARON SPRINGS	6,227		NO	NO	
NIOBRARA	6,407		NO	NO	

Comment:

OH logs run on Antelope B11-V41-33HNC

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@bonanzacrk.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400715286	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400716027	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>			
400715296	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400715303	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400715940	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)