

FORM  
5

Rev  
09/14

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

400481931

Date Received:

11/13/2013

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

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 05-123-37653-00 County: WELD  
Well Name: Antelope Well Number: K-O-17HNB  
Location: QtrQtr: NWNE Section: 17 Township: 5N Range: 62W Meridian: 6  
Footage at surface: Distance: 459 feet Direction: FNL Distance: 1368 feet Direction: FEL  
As Drilled Latitude: 40.405480 As Drilled Longitude: -104.342580

GPS Data:  
Date of Measurement: 08/14/2013 PDOP Reading: 2.2 GPS Instrument Operator's Name: Adam Kelly

\*\* If directional footage at Top of Prod. Zone Dist.: 802 feet Direction: FNL Dist.: 2414 feet Direction: FEL  
Sec: 17 Twp: 5N Rng: 62W

\*\* If directional footage at Bottom Hole Dist.: 470 feet Direction: FSL Dist.: 2441 feet Direction: FEL  
Sec: 17 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) 08/15/2013 Date TD: 08/23/2013 Date Casing Set or D&A: 08/24/2013  
Rig Release Date: 08/25/2013 Per Rule 308A.b.

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

Total Depth MD 11010 TVD\*\* 6382 Plug Back Total Depth MD 11010 TVD\*\* 6382

Elevations GR 4695 KB 4708 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:  
CBL, MWD

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	477	400	0	477	CALC
1ST	8+3/4	7	26	0	6,920	864	0	6,928	CBL
1ST LINER	6+1/8	4+1/2	11.6	6726	11,002				

### STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	SURF	477	50	0	477

Details of work:

top out job

### 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	
PARKMAN	3,250				
SHARON SPRINGS	6,354				
NIOBRARA	6,503				

Operator Comments

There is no sussex formation in this well. Also the Parkman top i correlated from an offsett vertical well.

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: 11/13/2013 Email: ochikaloff@bonanzacrk.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400481947	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400489740	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"/>
<b>Other Attachments</b>			
400481931	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400481941	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400481942	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400489741	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400512364	CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400893602	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineering Tech	entered top out job into top out tab & adjusted Surface cement on casing tab	9/15/2015 5:13:40 PM
Permit	Oper. submitted well loc. plat; corrected as built info. Oper. supplied Parkman top.	9/2/2015 10:43:25 AM
Permit	Returned to draft: --oper. mistakenly submitted another copy of DS, not well location plat. --still need fm. tops for Parkman, Sussex, Pierre?	9/1/2015 9:46:39 AM
Permit	Returned to draft: --as built well location plat required to document change in SHL footages. --additional formation tops	8/27/2015 3:38:24 PM

Total: 4 comment(s)