

**FORM  
5**Rev  
02/08State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

2554496

**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: KERRY MCCOWEN  
2. Name of Operator: BONANZA CREEK ENERGY OPERATING COMPAN Phone: (720) 279-2330  
3. Address: P O BOX 21974 Fax: \_\_\_\_\_  
City: BAKERSFIELD State: CA Zip: 93390

5. API Number 05-123-30516-00 6. County: WELD  
7. Well Name: ANTELOPE Well Number: 11-18  
8. Location: QtrQtr: NWNW Section: 18 Township: 5N Range: 62W Meridian: 6  
Footage at surface: Distance: 660 feet Direction: FNL Distance: 660 feet Direction: FWL  
As Drilled Latitude: 40.404830 As Drilled Longitude: -104.373030

## GPS Data:

Data of Measurement: 05/16/2010 PDOP Reading: 2.6 GPS Instrument Operator's Name: LARRY ROBBINS

## \*\* If directional footage

at Top of Prod. Zone Distance: \_\_\_\_\_ feet Direction: \_\_\_\_\_ Distance: \_\_\_\_\_ feet Direction: \_\_\_\_\_  
Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_  
at Bottom Hole Distance: \_\_\_\_\_ feet Direction: \_\_\_\_\_ Distance: \_\_\_\_\_ feet Direction: \_\_\_\_\_  
Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_

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) 05/08/2010 13. Date TD: 05/11/2010 14. Date Casing Set or D&A: 05/12/2010

## 15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 6675 TVD \_\_\_\_\_ 17 Plug Back Total Depth MD 6638 TVD \_\_\_\_\_18. Elevations GR 4612 KB 4622

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, GR, CD, CN, DI

## 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	12+1/4	8+5/8		0	411	370	0	411	CALC
1ST	7+7/8	4+1/2		0	6,675	242	2,630	6,675	CBL

### ADDITIONAL CEMENT

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

Details of work: \_\_\_\_\_

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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	
PARKMAN	3,342		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,104		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,248		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,484		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,509		<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: KERRY MCCOWEN

Title: VP OPERATIONS - RM Date: 5/21/2010 Email: KAM@BONANZACRK.COM

### Attachment Check List

Att Doc Num	Name
2071991	CEMENT JOB SUMMARY
2554496	FORM 5 SUBMITTED

Total Attach: 2 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Rec Cmt tkts	11/10/2010 7:32:45 AM
Permit	REQUESTED CMT TKTS	11/3/2010 8:56:31 AM

Total: 2 comment(s)