

FORM  
5

Rev  
02/08

State of Colorado  
Oil and Gas Conservation Commission

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



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DRILLING COMPLETION REPORT

Document Number:

2512181

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) 2792330  
3. Address: P O BOX 21974 Fax: \_\_\_\_\_  
City: BAKERSFIELD State: CA Zip: 93390

5. API Number 05-123-27152-00 6. County: WELD  
7. Well Name: Antelope Well Number: 21-18  
8. Location: QtrQtr: NENW Section: 18 Township: 5N Range: 62W Meridian: 6  
Footage at surface: Distance: 660 feet Direction: FNL Distance: 1974 feet Direction: FWL  
As Drilled Latitude: 40.404830 As Drilled Longitude: -104.368310

GPS Data:

Data of Measurement: 08/18/2010 PDOP Reading: 2.9 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) 07/25/2010 13. Date TD: 07/27/2010 14. Date Casing Set or D&A: 07/28/2010

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 6710 TVD \_\_\_\_\_ 17 Plug Back Total Depth MD 6649 TVD \_\_\_\_\_

18. Elevations GR 4617 KB 4627

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	413	290	0	413	CALC
1ST	7+7/8	4+1/2		0	6,667	254	2,992	6,667	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	3,355		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,122		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,247		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,479		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,501		<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 A MCCOWEN

Title: VP OPERATIONS. RM Date: 8/24/2010 Email: KAM@BONANZACRK.COM

**Attachment Check List**

Att Doc Num	Name
2072069	CEMENT JOB SUMMARY
2512181	FORM 5 SUBMITTED

Total Attach: 2 Files

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	req cement tkts, hard copy CBL, digital CBL	12/13/2010 3:32:19 PM

Total: 1 comment(s)