

**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



DE	ET	OE	ES
----	----	----	----

Document Number:  
  
2512028

**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 05-123-30511-00 6. County: WELD  
 7. Well Name: ANTELOPE Well Number: 13-19  
 8. Location: QtrQtr: NWSW Section: 19 Township: 5N Range: 62W Meridian: 6  
 Footage at surface: Distance: 1980 feet Direction: FSL Distance: 660 feet Direction: FWL  
 As Drilled Latitude: 40.382920 As Drilled Longitude: -104.372470

GPS Data:

Data of Measurement: 07/01/2010 PDOP Reading: 2.3 GPS Instrument Operator's Name: LARRY ROBBINS

\*\* If directional footage at Top of Prod. Zone Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_ Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_

Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_

\*\* If directional footage at Bottom Hole Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_ Dist.: \_\_\_\_\_ 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) 06/11/2010 13. Date TD: 07/19/2010 14. Date Casing Set or D&A: 07/20/2010

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 6702 TVD\*\* \_\_\_\_\_ 17 Plug Back Total Depth MD 6631 TVD\*\* \_\_\_\_\_

18. Elevations GR 4604 KB 4604

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:

**IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.**

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	403	330	0	403	CALC
1ST	7+7/8	4+1/2		0	6,692	247	2,650	6,692	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	3,386		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,034		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,273		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,507		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,530		<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: 8/18/2010 Email: KAM@BONANZACRK.COM

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
2072052	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
2512028	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date
Permit	REQ DIGITAL CBL LOG & CMT TKT	12/10/2010 12:29:00 PM

Total: 1 comment(s)

**IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.**