


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		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number: <div style="border: 1px solid black; padding: 5px; text-align: center;">2590532</div>	DE	ET	OE	ES
DE	ET	OE	ES				
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 <input checked="" type="checkbox"/> Final completion <input type="checkbox"/> Preliminary completion							
1. OGCC Operator Number: <u>8960</u>		4. Contact Name: <u>KERRY MCCOWEN</u>					
2. Name of Operator: <u>BONANZA CREEK ENERGY OPERATING COMPAN</u>		Phone: <u>(720) 279-2330</u>					
3. Address: <u>P O BOX 21974</u>		Fax: _____					
City: <u>BAKERSFIELD</u>	State: <u>CA</u>	Zip: <u>93390</u>					
5. API Number <u>05-123-31852-00</u>		6. County: <u>WELD</u>					
7. Well Name: <u>Antelope</u>		Well Number: <u>13-18</u>					
8. Location: QtrQtr: <u>NESW</u>	Section: <u>18</u>	Township: <u>5N</u>	Range: <u>62W</u>				
Meridian: <u>6</u>							
Footage at surface:	Distance: <u>1437</u> feet	Direction: <u>FSL</u>	Distance: <u>1394</u> feet				
Direction: <u>FWL</u>							
As Drilled Latitude: <u>40.395890</u>		As Drilled Longitude: <u>-104.370110</u>					
GPS Data:							
Data of Measurement: <u>10/02/2010</u>		PDOP Reading: <u>2.8</u>					
GPS Instrument Operator's Name: <u>LARRY ROBBINS</u>							
** If directional footage at Top of Prod. Zone		Dist.: <u>2115</u> feet.	Direction: <u>FSL</u>				
Dist.: <u>763</u> feet.		Direction: <u>FWL</u>					
Sec: <u>18</u>		Twp: <u>5N</u>	Rng: <u>62W</u>				
** If directional footage at Bottom Hole		Dist.: <u>2115</u> feet.	Direction: <u>FSL</u>				
Dist.: <u>763</u> feet.		Direction: <u>FWL</u>					
Sec: <u>18</u>		Twp: <u>5N</u>	Rng: <u>62W</u>				
9. Field Name: <u>WATTENBERG</u>		10. Field Number: <u>90750</u>					
11. Federal, Indian or State Lease Number: _____							
12. Spud Date: (when the 1st bit hit the dirt) <u>09/08/2010</u>							
13. Date TD: <u>09/11/2010</u>		14. Date Casing Set or D&A: <u>09/12/2010</u>					
15. Well Classification:							
<input type="checkbox"/> Dry <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation							
16. Total Depth MD <u>6791</u>	TVD** <u>6704</u>	17 Plug Back Total Depth MD <u>6733</u>	TVD** <u>6646</u>				
18. Elevations GR <u>4597</u>	KB <u>4607</u>	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:							
<u>CBL,GR,CD,CN,DI</u>							
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
CONDUCTOR				0					
SURF	12+1/4	8+5/8		0	432	300	0	432	CALC
1ST	7+7/8	4+1/2		0	6,764	415	2,655	6,764	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	3,334		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,083		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,695		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,316		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,544		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,569		<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: 10/27/2010 Email: KAM@BONANZACRK.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
2072149	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2590531	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
2590532	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	REQ CMT TKT	2/4/2011 9:29:48 AM

Total: 1 comment(s)