

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:  
2590533

**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: (720) 279-2331  
City: BAKERSFIELD State: CA Zip: 93390

5. API Number 05-123-31828-00 6. County: WELD  
7. Well Name: Antelope Well Number: 14-18  
8. Location: QtrQtr: NESW Section: 18 Township: 5N Range: 62W Meridian: 6  
Footage at surface: Distance: 1436 feet Direction: FSL Distance: 1411 feet Direction: FWL  
As Drilled Latitude: 40.395890 As Drilled Longitude: -104.370140

GPS Data:

Data of Measurement: 10/02/2010 PDOP Reading: 2.7 GPS Instrument Operator's Name: LARRY ROBBINS

\*\* If directional footage at Top of Prod. Zone Dist.: 803 feet. Direction: FSL Dist.: 771 feet. Direction: FWL  
Sec: 18 Twp: 5N Rng: 62W

\*\* If directional footage at Bottom Hole Dist.: 803 feet. Direction: FSL Dist.: 771 feet. Direction: FWL  
Sec: 18 Twp: 5N Rng: 62W

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) 09/03/2010 13. Date TD: 09/07/2010 14. Date Casing Set or D&A: 09/08/2010

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 6731 TVD\*\* 6649 17 Plug Back Total Depth MD 6690 TVD\*\* 6608

18. Elevations GR 4598 KB 4608

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, DL

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	421	300	0	421	CALC
1ST	7+7/8	4+1/2		0	6,724	408	2,985	6,724	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	3,396		<input type="checkbox"/>	<input type="checkbox"/>	FORMATION TOPS ARE IN TVD
SUSSEX	4,080		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,312		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,544		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,567		<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 Date: 10/27/2010 Email: KAM@BONANZACRK.COM

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
2072150	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2590534	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>			
2590533	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date
Permit	REQ CMT TKT	2/4/2011 9:51:01 AM

Total: 1 comment(s)

