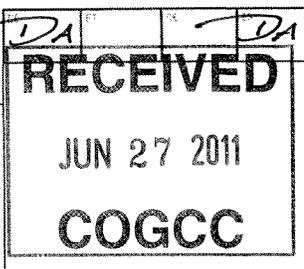




02055151

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 601, Denver, Colorado 80203 Phone: (303)894-2100 Fax: (303)894-2109



SUNDRY NOTICE

Submit original plus one copy. This form is to be used for general, technical and environmental sundry information. For proposed or completed operations, describe in full on Technical Information Page (Page 2 of this form). Identify well or other facility by API Number or by OGCC Facility ID. Operator shall send an informational copy of all sundry notices for wells located in High Density Areas to the Local Government Designee (Rule 603b)

1. OGCC Operator Number: 8960	4. Contact Name: Keith Caplan	Complete the Attachment Checklist OP OGCC
2. Name of Operator: Bonanza Creek Energy Operating	Phone: (720) 440-6112	
3. Address: 410 17th St., St. 1500 City: Denver State: CO Zip: 80202	Fax: (720) 279-2331	
5. API Number: 05-057-06509	OGCC Facility ID Number:	Survey Plat
6. Well/Facility Name: Moore State	7. Well/Facility Number: 2-36	Directional Survey
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): NWSW Sec. 36-T8N-R78W 6th PM		Surface Eqpmt Diagram
9. County: Jackson	10. Field Name: Wildcat	Technical Info Page
11. Federal, Indian or State Lease Number:		Other

General Notice

CHANGE OF LOCATION: Attach New Survey Plat (a change of surface qtr/qtr is substantive and requires a new permit)

Change of Surface Footage from Exterior Section Lines:	<input type="checkbox"/>	FNU/FSL	<input type="checkbox"/>	FEL/FWL	<input type="checkbox"/>
Change of Surface Footage to Exterior Section Lines:	<input type="checkbox"/>				
Change of Bottomhole Footage from Exterior Section Lines:	<input type="checkbox"/>				
Change of Bottomhole Footage to Exterior Section Lines:	<input type="checkbox"/>				

Bottomhole location Qtr/Qtr, Sec, Twp, Rng, Mer \_\_\_\_\_ attach directional survey

Latitude \_\_\_\_\_ Distance to nearest property line \_\_\_\_\_ Distance to nearest bldg, public rd, utility or RR \_\_\_\_\_  
 Longitude \_\_\_\_\_ Distance to nearest lease line \_\_\_\_\_ Is location in a High Density Area (rule 603b)? Yes/No \_\_\_\_\_  
 Ground Elevation \_\_\_\_\_ Distance to nearest well same formation \_\_\_\_\_ Surface owner consultation date: \_\_\_\_\_

GPS DATA:  
 Date of Measurement \_\_\_\_\_ PDOP Reading \_\_\_\_\_ Instrument Operator's Name \_\_\_\_\_

CHANGE SPACING UNIT  
 Formation \_\_\_\_\_ Formation Code \_\_\_\_\_ Spacing order number \_\_\_\_\_ Unit Acreage \_\_\_\_\_ Unit configuration \_\_\_\_\_

Remove from surface bond  
 Signed surface use agreement attached

CHANGE OF OPERATOR (prior to drilling):  
 Effective Date: \_\_\_\_\_  
 Plugging Bond:  Blanket  Individual

CHANGE WELL NAME NUMBER  
 From: \_\_\_\_\_  
 To: \_\_\_\_\_  
 Effective Date: \_\_\_\_\_

ABANDONED LOCATION:  
 Was location ever built?  Yes  No  
 Is site ready for inspection?  Yes  No  
 Date Ready for Inspection: \_\_\_\_\_

NOTICE OF CONTINUED SHUT IN STATUS  
 Date well shut in or temporarily abandoned: \_\_\_\_\_  
 Has Production Equipment been removed from site?  Yes  No  
 MIT required if shut in longer than two years. Date of last MIT \_\_\_\_\_

SPUD DATE: \_\_\_\_\_  REQUEST FOR CONFIDENTIAL STATUS (6 mos from date casing set)

SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK \*submit cbl and cement job summaries  
 Method used \_\_\_\_\_ Cementing tool setting/perf depth \_\_\_\_\_ Cement volume \_\_\_\_\_ Cement top \_\_\_\_\_ Cement bottom \_\_\_\_\_ Date \_\_\_\_\_

RECLAMATION: Attach technical page describing final reclamation procedures per Rule 1004.  
 Final reclamation will commence on approximately \_\_\_\_\_  Final reclamation is completed and site is ready for inspection.

Technical Engineering/Environmental Notice

Notice of Intent Approximate Start Date: 6/27/2011  Report of Work Done Date Work Completed: \_\_\_\_\_

Details of work must be described in full on Technical Information Page (Page 2 must be submitted.)

<input type="checkbox"/> Intent to Recomplete (submit form 2)	<input type="checkbox"/> Request to Vent or Flare	<input type="checkbox"/> E&P Waste Disposal
<input type="checkbox"/> Change Drilling Plans	<input type="checkbox"/> Repair Well	<input type="checkbox"/> Beneficial Reuse of E&P Waste
<input type="checkbox"/> Gross Interval Changed?	<input type="checkbox"/> Rule 502 variance requested	<input type="checkbox"/> Status Update/Change of Remediation Plans
<input checked="" type="checkbox"/> Casing/Cementing Program Change	<input type="checkbox"/> Other: _____	for Spills and Releases

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: Keith S. Caplan Date: 06/27/2011 Email: KCaplan@Bonanzacr.com  
 Print Name: Keith S. Caplan Title: Sr. Operations Technician

COGCC Approved: David [Signature] Title: PE II Date: 6/27/2011

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY  
**RECEIVED**  
JUN 27 2011  
**COGCC**

1. OGCC Operator Number: 8960 API Number: 05-057-06509  
 2. Name of Operator: Bonanza Creek Energy Operating OGCC Facility ID #             
 3. Well/Facility Name: Moore State Well/Facility Number: 2-36  
 4. Location (QtrQtr, Sec, Twp, Rng, Meridian): NWSW Sec. 36-T8N-R78W 6th PM

This form is to be completed whenever a Sundry Notice is submitted requiring detailed report of work to be performed or completed. This form shall be transmitted within 30 days of work completed as a "subsequent" report and must accompany Form 4, page 1.

5. DESCRIBE PROPOSED OR COMPLETED OPERATIONS

Bonanza Creek Energy, Inc. (Bonanza) respectfully requests authorization to amend the diameter and depth of surface casing to be set in drilling of the referenced well. The table below provides details of the proposed revised casing plan.

Casing Type	Size of Hole	Size of Casing	Wt/ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top
Conductor	30"	24"		0	40	110	40	0
Surface	12-1/4"	9-5/8"	36.0	0	1000	360	1000	0
1st String	7-7/8"	5-1/2"	17.0	0	10000	400	10000	7710