

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:  
2586811

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  
2. Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY  
3. Address: P O BOX 21974  
City: BAKERSFIELD State: CA Zip: 93390  
4. Contact Name: KERRY MCCOWEN  
Phone: (720) 440-6100  
Fax: (720) 279-2331

5. API Number 05-123-33361-00  
6. County: WELD  
7. Well Name: State Antelope Well Number: 41-15HZ  
8. Location: QtrQtr: NENE Section: 15 Township: 5N Range: 62W Meridian: 6  
Footage at surface: Distance: 660 feet Direction: FNL Distance: 660 feet Direction: FEL  
As Drilled Latitude: 40.405500 As Drilled Longitude: -104.302310

GPS Data:  
Date of Measurement: 06/04/2011 PDOP Reading: 2.4 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: 8044.4

12. Spud Date: (when the 1st bit hit the dirt) 05/26/2011 13. Date TD: Date Casing Set or D&A: 05/27/2011

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 454 TVD\*\* 17 Plug Back Total Depth MD TVD\*\*

18. Elevations GR 8044 KB 8056  
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	9+5/8		0	441	280	0	441	CALC

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:

<b>FORMATION LOG INTERVALS AND TEST ZONES</b>					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
			<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 OPERARIONS - RM Date: 6/22/2011 Email: KAM@BANONZACREEK.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
2586812	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>			
2586811	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	Preliminary Form 5, no CBL yet.	8/10/2011 1:52:30 PM

Total: 1 comment(s)