

FORM  
5Rev  
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:

2587761

## 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 COMPANY Phone: (720) 440-6100  
3. Address: P O BOX 21974 Fax: (720) 279-2331  
City: BAKERSFIELD State: CA Zip: 93390

5. API Number 05-123-32885-00 6. County: WELD  
7. Well Name: Antelope Well Number: 33-31  
8. Location: QtrQtr: NWSE Section: 31 Township: 5N Range: 62W Meridian: 6  
Footage at surface: Distance: 1360 feet Direction: FSL Distance: 1320 feet Direction: FEL  
As Drilled Latitude: 40.353020 As Drilled Longitude: -104.362090

## GPS Data:

Data of Measurement: 07/21/2011 PDOP Reading: 1.8 GPS Instrument Operator's Name: DAN GRIGGS

\*\* If directional footage at Top of Prod. Zone Dist.: 1977 feet. Direction: FSL Dist.: 1983 feet. Direction: FEL

Sec: 31 Twp: 5N Rng: 62W

\*\* If directional footage at Bottom Hole Dist.: 1977 feet. Direction: FSL Dist.: 1983 feet. Direction: FEL

Sec: 31 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) 05/23/2011 13. Date TD: 05/26/2011 14. Date Casing Set or D&amp;A: 05/27/2011

## 15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 6700 TVD\*\* 6628 17 Plug Back Total Depth MD 6667 TVD\*\* 6595

18. Elevations GR 4556 KB 4566

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	13+1/2	8+5/8		0	434	560	0	434	CALC
1ST	7+7/8	4+1/2		0	6,643	495	2,593	6,643	CBL

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____					
Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
Details of work:					

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	3,313		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,010		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,200		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,439		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,463		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORMATION LOG INTERVALS AND TEST ZONES COMMENTS: FORMATIONS ARE TVD

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: 8/2/2011 Email: KAM@BONANZACRK.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2587763	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2587762	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>					
2587761	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date
Engineer	Rec'd missing information on production casing.	11/2/2011 1:29:12 PM
Engineer	emailed operator, question on casing first string, form 5 is missing casing data.	10/7/2011 10:47:20 AM

Total: 2 comment(s)