

**APPLICATION FOR PERMIT TO:**

1.  **Drill,**       Deepen,       Re-enter,       Recomplete and Operate

2. TYPE OF WELL

OIL       GAS       COALBED       OTHER \_\_\_\_\_

SINGLE ZONE       MULTIPLE       COMMINGLE

Refiling   
Sidetrack

Document Number:  
400234725

PluggingBond SuretyID  
20070004

3. Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY LLC      4. COGCC Operator Number: 8960

5. Address: P O BOX 21974  
City: BAKERSFIELD      State: CA      Zip: 93390

6. Contact Name: Keith Caplan      Phone: (720)440-6100      Fax: (720)279-2331  
Email: KCaplan@bonanzacrck.com

7. Well Name: State Antelope      Well Number: 14-11-24HZ

8. Unit Name (if appl): \_\_\_\_\_      Unit Number: \_\_\_\_\_

9. Proposed Total Measured Depth: 10797

**WELL LOCATION INFORMATION**

10. QtrQtr: SESW      Sec: 24      Twp: 5N      Rng: 62W      Meridian: 6  
Latitude: 40.379220      Longitude: -104.276110

Footage at Surface: 203 feet      FNL/FSL FSL      1348 feet      FEL/FWL FWL

11. Field Name: Wildcat      Field Number: 99999

12. Ground Elevation: 4562      13. County: WELD

14. GPS Data:  
Date of Measurement: 12/06/2011      PDOP Reading: 2.4      Instrument Operator's Name: Dan Griggs

15. If well is  Directional       Horizontal (highly deviated)      **submit deviated drilling plan.**

Footage at Top of Prod Zone:      FNL/FSL      FEL/FWL      Bottom Hole:      FNL/FSL      FEL/FWL

460      FSL      460      FWL      460      FNL      660      FWL

Sec: 24      Twp: 5N      Rng: 62W      Sec: 24      Twp: 5N      Rng: 62W

16. Is location in a high density area? (Rule 603b)?       Yes       No

17. Distance to the nearest building, public road, above ground utility or railroad: 1055 ft

18. Distance to nearest property line: 203 ft      19. Distance to nearest well permitted/completed in the same formation(BHL): 1300 ft

**LEASE, SPACING AND POOLING INFORMATION**

Objective Formation(s)	Formation Code	Spacing Order Number(s)	Unit Acreage Assigned to Well	Unit Configuration (N/2, SE/4, etc.)
Niobrara	NBRR	407-380	640	All

21. Mineral Ownership:       Fee       State       Federal       Indian      Lease #: 8164.4

22. Surface Ownership:       Fee       State       Federal       Indian

23. Is the Surface Owner also the Mineral Owner?       Yes       No      Surface Surety ID#:

23a. If 23 is Yes: Is the Surface Owner(s) signature on the lease?       Yes       No

23b. If 23 is No:  Surface Owners Agreement Attached or  \$25,000 Blanket Surface Bond  \$2,000 Surface Bond  \$5,000 Surface Bond

24. Using standard QtrQtr, Sec, Twp, Rng format enter entire mineral lease description upon which this proposed wellsite is located (attach separate sheet/map if you prefer):

T4N-62W: Sec. 3: NW/4; Sec. 5: All; Sec. 7: W/2 SW/4, SW/4 NW/4; Sec. 17: NE/4, N/2 NW/4; Sec. 18: N/2 N/2. T4N-63W: Sec. 1: All; Sec. 2: E/2, NW/4, NE/4 SW/4; Sec. 12: ALL. T5N-62W: Sec. 3: E/2; Sec. 11: NE/4, N/2 SE/4, SE/4 SE/4, W/2 SW/4; Sec. 13: ALL; Sec. 15: ALL; Sec. 17: ALL; Sec. 18: W/2, SE/4; Sec. 19: ALL; Sec. 20: W/2; Sec. 21: ALL; Sec. 24: ALL; Sec. 29: ALL; Sec. 31: ALL; Sec. 33: N/2. T5N-63W: Sec. 24: W/2; Sec. 34: SE/4, SE/4 NE/4; Sec. 35: S/2; Sec. 36: SW/4 SW/4.

25. Distance to Nearest Mineral Lease Line: 460 ft 26. Total Acres in Lease: 10920

### DRILLING PLANS AND PROCEDURES

27. Is H2S anticipated?  Yes  No If Yes, attach contingency plan.

28. Will salt sections be encountered during drilling?  Yes  No

29. Will salt (>15,000 ppm TDS CL) or oil based muds be used during drilling?  Yes  No

30. If questions 28 or 29 are yes, is this location in a sensitive area (Rule 901.e)?  Yes  No

31. Mud disposal:  Offsite  Onsite

If 28, 29, or 30 are "Yes" a pit permit may be required.

Method:  Land Farming  Land Spreading  Disposal Facility Other: \_\_\_\_\_

Note: The use of an earthen pit for Recompletion fluids requires a pit permit (Rule 905b). If air/gas drilling, notify local fire officials.

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top
SURF	12+1/4	9+5/8	36	0	410	128	410	0
1ST	8+3/4	7+0/0	26	0	6,429	767	6,429	0
1ST LINER	6+1/8	4+1/2	11.6	6429	10,797			

32. BOP Equipment Type:  Annular Preventer  Double Ram  Rotating Head  None

33. Comments Conductor casing will not be used on this well.

34. Location ID: \_\_\_\_\_

35. Is this application in a Comprehensive Drilling Plan?  Yes  No

36. Is this application part of submitted Oil and Gas Location Assessment?  Yes  No

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

Signed: \_\_\_\_\_ Print Name: Keith Caplan

Title: Sr. Operations Tech Date: \_\_\_\_\_ Email: KCaplan@bonanzacr.com

Based on the information provided herein, this Application for Permit-to-Drill complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

API NUMBER

05

Permit Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

All representations, stipulations and conditions of approval stated in the Form 2A for this location shall constitute representations, stipulations and conditions of approval for this Form 2 Permit-to-Drill and are enforceable to the same extent as all other representations, stipulations and conditions of approval stated in this Permit-to-Drill.

\_\_\_\_\_

### Attachment Check List

Att Doc Num	Name
400234807	PLAT
400250542	DEVIATED DRILLING PLAN
400250543	DIRECTIONAL DATA
400250544	WAIVERS
400250545	VARIANCE REQUEST

Total Attach: 5 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)

### BMP

<u>Type</u>	<u>Comment</u>

Total: 0 comment(s)