

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



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Document Number:
400255806

Date Received:

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: Keith Caplan
 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 05-123-34918-00 6. County: WELD
 7. Well Name: Antelope Well Number: M-17
 8. Location: QtrQtr: NESW Section: 17 Township: 5N Range: 62W Meridian: 6
 Footage at surface: Distance: 1308 feet Direction: FSL Distance: 1366 feet Direction: FWL
 As Drilled Latitude: 40.395840 As Drilled Longitude: -104.351640

GPS Data:
 Date of Measurement: 02/22/2012 PDOP Reading: 1.4 GPS Instrument Operator's Name: Wyatt Hall

** If directional footage at Top of Prod. Zone Dist.: 1330 feet. Direction: FNL Dist.: 1239 feet. Direction: FEL
 Sec: 17 Twp: 5n Rng: 62w
 ** If directional footage at Bottom Hole Dist.: 6664 feet. Direction: FNL Dist.: 1246 feet. Direction: FEL
 Sec: 17 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) 02/11/2012 13. Date TD: 02/17/2012 14. Date Casing Set or D&A: 02/11/2012

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

16. Total Depth MD 7030 TVD** 6664 17 Plug Back Total Depth MD 7011 TVD** 6643

18. Elevations GR 4642 KB 4652 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, GAMMA RAY, HRI, CDL, CNL

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	24	0	479	350	0	479	CALC
1ST	7+7/8	4+1/2	11.6	0	7,011	485	2,130	7,030	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	3,614		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,400		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	6,496		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,604		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,838		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,862		<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: Bryan Brown

Title: Drilling EIT Date: _____ Email: bbrown@bonanzacr.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400256300	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 checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400258514	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400262780	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)