

FORM  
5Rev  
02/08

## State of Colorado

## Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400284986

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: Bryan Brown

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 05-123-35244-00

6. County: WELD

7. Well Name: Antelope

Well Number: M-29

8. Location: QtrQtr: NESW Section: 29 Township: 5N Range: 62W Meridian: 6

Footage at surface: Distance: 1461 feet Direction: FSL Distance: 1586 feet Direction: FWL

As Drilled Latitude: 40.367490 As Drilled Longitude: -104.351220

## GPS Data:

Data of Measurement: 04/26/2012 PDOP Reading: 2.5 GPS Instrument Operator's Name: Adam Kelly

\*\* If directional footage at Top of Prod. Zone Dist.: 2659 feet. Direction: FSL Dist.: 2567 feet. Direction: FWL

Sec: 29 Twp: 5N Rng: 62W

\*\* If directional footage at Bottom Hole Dist.: 2659 feet. Direction: FSL Dist.: 2567 feet. Direction: FWL

Sec: 29 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) 04/07/2012 13. Date TD: 04/12/2012 14. Date Casing Set or D&amp;A: 04/12/2012

## 15. Well Classification:

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

16. Total Depth MD 6929 TVD\*\* 6658 17 Plug Back Total Depth MD 6897 TVD\*\* 6626

18. Elevations GR 4590 KB 4600

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	475	340	0	475	CALC
1ST	7+7/8	4+1/2	11.6	0	6,897	445	2,736	6,929	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	
SHARON SPRINGS	6,089		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,210		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,447		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,472		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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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@bonanzacrk.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400285173	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400285169	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 checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400285168	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400285268	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400285269	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)