

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



DE ET OE ES

Document Number:

400284967

Date Received:

05/16/2012

## 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: 410 17TH STREET SUITE #1400

Fax: (720) 279-2331

City: DENVER State: CO Zip: 80202

5. API Number 05-123-35238-00

6. County: WELD

7. Well Name: Antelope

Well Number: H-29

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

Footage at surface: Distance: 1528 feet Direction: FSL Distance: 1537 feet Direction: FWL

As Drilled Latitude: 40.367620 As Drilled Longitude: -104.351340

## GPS Data:

Data of Measurement: 04/26/2012 PDOP Reading: 3.6 GPS Instrument Operator's Name: Adam Kelly

\*\* If directional footage at Top of Prod. Zone Dist.: 2752 feet. Direction: FSL Dist.: 1013 feet. Direction: FWL

Sec: 29 Twp: 5n Rng: 62w

\*\* If directional footage at Bottom Hole Dist.: 2752 feet. Direction: FSL Dist.: 1013 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) 04/02/2012 13. Date TD: 04/05/2012 14. Date Casing Set or D&amp;A: 04/06/2012

## 15. Well Classification:

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

16. Total Depth MD 6836 TVD\*\* 6637 17 Plug Back Total Depth MD 6787 TVD\*\* 5688

18. Elevations GR 4591 KB 4601

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	467	330	0	467	CALC
1ST	7+7/8	4+1/2	11.6	0	6,775	405	3,130	6,836	CBL

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____					
Method used	String	Cementing tool setting/perf 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	6,308		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,419		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,634		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,658		<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: 5/16/2012 Email: bbrown@bonanzacrk.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400285276	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400284981	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>					
400284967	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400284976	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400284977	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400284978	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400313198	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400313199	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date
Permit	Off Hold. Imported directional template per operator.	3/9/2012 2:40:05 PM
Permit	On Hold. Requested directional template.	8/6/2012 10:17:57 AM

Total: 2 comment(s)