

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.

Document Number:
400561511

Date Received:

Completion Type Final completion Preliminary completion

1. OGCC Operator Number: 8960 4. Contact Name: Brandon Dykes
 2. Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY Phone: (720) 440-6111
 3. Address: 410 17TH STREET SUITE #1400 Fax: (720) 279-2331
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-33728-00 6. County: WELD
 7. Well Name: Antelope Well Number: 31-17
 8. Location: QtrQtr: NENE Section: 17 Township: 5N Range: 62W Meridian: 6
 Footage at surface: Distance: 630 feet Direction: FNL Distance: 661 feet Direction: FEL
 As Drilled Latitude: 40.405090 As Drilled Longitude: -104.340050

GPS Data:
 Date of Measurement: 08/24/2011 PDOP Reading: 2.1 GPS Instrument Operator's Name: Adam Kelly

** If directional footage at Top of Prod. Zone Dist.: 699 feet. Direction: FNL Dist.: 1973 feet. Direction: FEL
 Sec: 17 Twp: 5N Rng: 62W
 ** If directional footage at Bottom Hole Dist.: 699 feet. Direction: FNL Dist.: 1973 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) 07/18/2011 13. Date TD: 07/22/2011 14. Date Casing Set or D&A: 07/30/2011

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

16. Total Depth MD 6955 TVD** 6747 17 Plug Back Total Depth MD 6915 TVD** 6707

18. Elevations GR 4708 KB 4718 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, CN, CD

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	24	0	516	520	0	516	CALC
1ST	7+7/8	4+1/2	11.6	0	6,944	530	3,250	6,944	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	
PARKMAN	3,442		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,134		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,303		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,537		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,561		<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: Brandon Dykes
 Title: Drilling Engineering Tech Date: _____ Email: BDykes@bonanzacr.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400561643	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400561644	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"/>
Other Attachments			
400561630	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400561632	PDF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400561633	LAS-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)