

FORM

2

Rev
12/05

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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APPLICATION FOR PERMIT TO:

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

2. TYPE OF WELL

OIL GAS COALBED OTHER _____
SINGLE ZONE MULTIPLE ZONE COMMINGLE ZONE Refiling
Sidetrack

Document Number:

400078215

Plugging Bond Surety

20070004

3. Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY LLC 4. COGCC Operator Number: 89605. Address: P O BOX 21974City: BAKERSFIELD State: CA Zip: 933906. Contact Name: Keith Caplan (ext 203) Phone: (720)279-2330 Fax: (720)279-2331Email: kcaplan@bonanzacrk.com7. Well Name: Bond Well Number: 1-9

8. Unit Name (if appl): _____ Unit Number: _____

9. Proposed Total Measured Depth: 9250

WELL LOCATION INFORMATION

10. QtrQtr: SWNW Sec: 9 Twp: 9N Rng: 79W Meridian: 6Latitude: 40.769050 Longitude: -106.278510Footage at Surface: 1533 FNL/FSL FNL 876 FEL/FWL FWL11. Field Name: Wildcat Field Number: 9999912. Ground Elevation: 8114 13. County: JACKSON

14. GPS Data:

Date of Measurement: 04/22/2010 PDOP Reading: 2.5 Instrument Operator's Name: Dan Griggs15. 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 _____

1367 FNL 600 FWL 1100 FNL 750 FWLSec: 9 Twp: 9N Rng: 79W Sec: 9 Twp: 9N Rng: 79W16. Is location in a high density area? (Rule 603b)? Yes No17. Distance to the nearest building, public road, above ground utility or railroad: 36318. Distance to nearest property line: 876 19. Distance to nearest well permitted/completed in the same formation: 4240 ft

20. 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.)
Dakota	DKTA	unspaced		
J Sand	JSND	unspaced		
Niobrara-Codell	NB-CD	unspaced		

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

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 Bon \$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):
T9N, R79W, 6th PM, Section 9: NW/4 NW/4, S/2 NW 4, NE/4 NW/4

25. Distance to Nearest Mineral Lease Line: 876 ft 26. Total Acres in Lease: 160

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 27 or 28 are yes, is this location in a sensitive area (Rule 903)? Yes No **If 28, 29, or 30 are "Yes" a pit permit may be required.**

31. Mud disposal: Offsite Onsite

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	Weight Per Foot	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
SURF	12+1/4	8+5/8	24	460	330	460	0
1ST	7+7/8	5+1/2	15.5	9,250	555	9,100	6,500

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

33. Comments Conductor casing will not be used on this well. The location associated with the original filing has not been built; no surface disturbance has occurred.

34. Location ID: 413993

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: Stephen Wolfe

Title: Sr. Prod. Eng. Date: _____ Email: srw@bonanzacrk.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 05 057 06493 00	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	Doc Description
400078235	WELL LOCATION PLAT	Bond 1-9 Plat.pdf
400087351	DEVIATED DRILLING PLAN	Bonanza Creek (Sec 9) Bond 1-9 Plan #4.pdf

Total Attach: 2 Files