

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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| DE | ET | OE | ES |
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Document Number:

2556143

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: KERRY MCCOWEN
2. Name of Operator: BONANZA CREEK ENERGY OPERATING COMPAN Phone: (720) 279-2330
3. Address: P O BOX 21974 Fax: _____
City: BAKERSFIELD State: CA Zip: 93390

5. API Number 05-123-30518-00 6. County: WELD
7. Well Name: NORTH PLATTE Well Number: 41-34
8. Location: QtrQtr: NENE Section: 34 Township: 5N Range: 63W Meridian: 6
Footage at surface: Distance: 660 feet Direction: FNL Distance: 660 feet Direction: FEL
As Drilled Latitude: 40.361360 As Drilled Longitude: -104.415060

GPS Data:

Data of Measurement: 06/13/2010 PDOP Reading: 2.4 GPS Instrument Operator's Name: larry robbins

** If directional footage

at Top of Prod. Zone Distance: _____ feet Direction: _____ Distance: _____ feet Direction: _____
Sec: _____ Twp: _____ Rng: _____
at Bottom Hole Distance: _____ feet Direction: _____ Distance: _____ feet Direction: _____
Sec: _____ Twp: _____ Rng: _____

9. Field Name: WATTENBERG 10. Field Number: 90750
11. Federal, Indian or State Lease Number: WELDCOUNT

12. Spud Date: (when the 1st bit hit the dirt) 06/02/2010 13. Date TD: 06/05/2010 14. Date Casing Set or D&A: 06/05/2010

15. Well Classification:

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

16. Total Depth MD 6650 TVD _____ 17 Plug Back Total Depth MD 6606 TVD _____

18. Elevations GR 4535 KB 4545 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, GR, CD, CN, DI

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 | | 0 | 414 | 370 | 0 | 414 | CALC |
| 1ST | 7+7/8 | 4+1/2 | | 0 | 6,616 | 248 | 2,510 | 6,616 | CBL |

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

| Method used | String | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| | | | | | |

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 | 3,550 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SUSSEX | 4,000 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 6,224 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT HAYS | 6,454 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CODELL | 6,478 | | <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: KERRY A MCCOWEN

Title: V.PV OPERATIONS-RM Date: 6/21/2010 Email: KAM@BONANZACRK.COM

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: *David S. Nash* Director of COGCC Date: 2/23/2011

Attachment Check List

| Att Doc Num | Name |
|-------------|--------------------|
| 2072019 | CEMENT JOB SUMMARY |
| 2556143 | FORM 5 SUBMITTED |

Total Attach: 2 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|-----------------|--------------------------|
| Permit | req cement tkts | 11/24/2010 9:31:16 AM |

Total: 1 comment(s)