

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



DE ET OE ES

Document Number:

400205762

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: Keith Caplan
 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 05-123-33755-00 6. County: WELD
 7. Well Name: North Platte Well Number: 44-11-28HZ
 8. Location: QtrQtr: NENE Section: 33 Township: 5N Range: 63W Meridian: 6
 Footage at surface: Distance: 1086 feet Direction: FNL Distance: 385 feet Direction: FEL
 As Drilled Latitude: 40.360300 As Drilled Longitude: -104.432800

GPS Data:

Data of Measurement: 07/25/2011 PDOP Reading: 2.3 GPS Instrument Operator's Name: Aaron Lund

** If directional footage

at Top of Prod. Zone Distance: 700 feet Direction: FSL Distance: 510 feet Direction: FEL
 Sec: 28 Twp: 5N Rng: 63W
 at Bottom Hole Distance: 1971 feet Direction: FNL Distance: 2118 feet Direction: FWL
 Sec: 28 Twp: 5N Rng: 63W

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) 07/05/2011 13. Date TD: 07/17/2011 14. Date Casing Set or D&A: 09/19/2011

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 11000 TVD 6300 17 Plug Back Total Depth MD 11000 TVD 6300

18. Elevations GR 8114 KB 8128 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:

LWD GR, LWD RES, Mudlog, CBL

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
CONDUCTOR	24+0/0	16+0/0		0	67	381	0	76	VISU
SURF	12+1/4	9+5/8	36	0	475	340	0	477	CALC
1ST	8+3/4	7+0/0	23	0	6,953	560	1,500	6,960	CBL
1ST LINER	6+1/8	4+1/2	11.6	5284	10,993	0			

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	
SUSSEX	4,086		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,549		<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: Keith CaplanTitle: Sr. Operations Technician

Date: _____

Email: kcaplan@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: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400206063	LAS-DIRECTIONAL SURVEY
400206088	CEMENT JOB SUMMARY
400206221	LAS-GAMMA RAY
400206243	LAS-CEMENT BOND
400206244	LAS-MUD
400206259	LAS-MUD

Total Attach: 6 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)