

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:
400205195

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
2. Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY
3. Address: P O BOX 21974
City: BAKERSFIELD State: CA Zip: 93390
4. Contact Name: Keith Caplan
Phone: (720) 440-6100
Fax: (720) 279-2331

5. API Number 05-057-06493-01
6. County: JACKSON
7. Well Name: BOND Well Number: 1-9
8. Location: QtrQtr: SWNW Section: 9 Township: 9N Range: 79W Meridian: 6
Footage at surface: Distance: 1533 feet Direction: FNL Distance: 876 feet Direction: FWL
As Drilled Latitude: 40.769010 As Drilled Longitude: -106.278500

GPS Data:
Date of Measurement: 09/09/2011 PDOP Reading: 1.9 GPS Instrument Operator's Name: R. Shaw

** If directional footage at Top of Prod. Zone Dist.: 1183 feet. Direction: FNL Dist.: 712 feet. Direction: FWL
Sec: 9 Twp: 9N Rng: 79W
** If directional footage at Bottom Hole Dist.: 1183 feet. Direction: FNL Dist.: 712 feet. Direction: FEL
Sec: 9 Twp: 9N Rng: 79W

9. Field Name: WILDCAT 10. Field Number: 99999
11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 05/23/2011 13. Date TD: 06/27/2011 14. Date Casing Set or D&A: 06/29/2011

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

16. Total Depth MD 8406 TVD** 8370 17 Plug Back Total Depth MD 7180 TVD** 7155

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:
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	24#	0	508	225	0	508	CALC
1ST	7+7/8	4+1/2	11.6#	0	8,363	2,215	125	8,363	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/pref 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	
PIERRE	3,298		<input type="checkbox"/>	<input type="checkbox"/>	
PIERRE B	4,894	4,930	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,856		<input type="checkbox"/>	<input type="checkbox"/>	
FRONTIER	7,172		<input type="checkbox"/>	<input type="checkbox"/>	
MOWRY	7,326		<input type="checkbox"/>	<input type="checkbox"/>	
MUDDY	7,622		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	7,654		<input type="checkbox"/>	<input type="checkbox"/>	
LAKOTA	7,710		<input type="checkbox"/>	<input type="checkbox"/>	
MORRISON	7,750		<input type="checkbox"/>	<input type="checkbox"/>	
SUNDANCE	7,950		<input type="checkbox"/>	<input type="checkbox"/>	
ENTRADA	8,092		<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 Caplan

Title: Sr. Operations Technician Date: 9/26/2011 Email: kcaplan@bonanzacr.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
2072675	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2072674	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>			
400205195	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400205298	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400205300	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400205301	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400205317	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400207618	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	REC D/S AND CMT TKTS FOR PLUG AND ST	10/4/2011 2:06:52 PM
Permit	REQ D/S, CMT TKTS FOR PLUG AND ST	10/4/2011 9:42:32 AM

Total: 2 comment(s)