

**FORM**  
**5**  
Rev  
02/08

**State of Colorado**  
**Oil and Gas Conservation Commission**  
1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:  
400282292

Date Received:

**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: Bryan Brown  
 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 05-123-35276-00 6. County: WELD  
 7. Well Name: Pronghorn Well Number: 31-34-15HZ  
 8. Location: QtrQtr: NWNE Section: 15 Township: 5N Range: 61W Meridian: 6  
 Footage at surface: Distance: 196 feet Direction: FNL Distance: 2153 feet Direction: FEL  
 As Drilled Latitude: 40.407850 As Drilled Longitude: -104.192920

GPS Data:  
 Date of Measurement: 04/26/2012 PDOP Reading: 1.3 GPS Instrument Operator's Name: Adam Kelly

\*\* If directional footage at Top of Prod. Zone Dist.: 556 feet. Direction: FNL Dist.: 2144 feet. Direction: FEL

Sec: 15 Twp: 5n Rng: 61w

\*\* If directional footage at Bottom Hole Dist.: 502 feet. Direction: FSL Dist.: 2137 feet. Direction: FEL

Sec: 15 Twp: 5n Rng: 61w

9. Field Name: NORTH RIVERSIDE 10. Field Number: 60130

11. Federal, Indian or State Lease Number: \_\_\_\_\_

12. Spud Date: (when the 1st bit hit the dirt) 03/29/2012 13. Date TD: 04/05/2012 14. Date Casing Set or D&A: 04/09/2012

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

16. Total Depth MD 10728 TVD\*\* 6085 17 Plug Back Total Depth MD 10728 TVD\*\* 6085

18. Elevations GR 4672 KB 4687 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 gamma ray

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	9+5/8	36	0	451	286	0	451	CALC
1ST	8+3/4	7	23/26	0	6,389		1,650	6,389	CBL
1ST LINER	6+1/8	4+1/2	11.6	5571	10,728				

**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	
			<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: Bryan Brown

Title: Drilling EIT Date: \_\_\_\_\_ Email: bbrown@bonanzacrk.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400282462	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400282464	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"/>
<b>Other Attachments</b>			
400282452	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400282453	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400282463	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)