

FORM
5Rev
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



DE ET OE ES

Document Number:

400362583

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: 410 17TH STREET SUITE #1400

Fax: (720) 279-2331

City: DENVER State: CO Zip: 80202

5. API Number 05-057-06509-00

6. County: JACKSON

7. Well Name: Moore State

Well Number: 2-36

8. Location: QtrQtr: NWSW Section: 36 Township: 8N Range: 78W Meridian: 6

Footage at surface: Distance: 2389 feet Direction: FSL Distance: 572 feet Direction: FWL

As Drilled Latitude: 40.619110 As Drilled Longitude: -106.101560

GPS Data:

Date of Measurement: 09/09/2011 PDOP Reading: 2.7 GPS Instrument Operator's Name: R. Shaw

** If directional footage at Top of Prod. Zone Dist.: 2389 feet. Direction: FSL Dist.: 572 feet. Direction: FWL

Sec: 36 Twp: 8n Rng: 78w

** If directional footage at Bottom Hole Dist.: 2389 feet. Direction: FSL Dist.: 572 feet. Direction: FWL

Sec: 36 Twp: 8n Rng: 78w

9. Field Name: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number: 7988

12. Spud Date: (when the 1st bit hit the dirt) 07/03/2011 13. Date TD: 09/17/2012 14. Date Casing Set or D&A: 09/27/2012

15. Well Classification:

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

16. Total Depth MD 9400 TVD** 9400 17 Plug Back Total Depth MD 9396 TVD** 9396

18. Elevations GR 8498 KB 9511

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:

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	36	24		0	43	8	0	43	CALC
SURF	12+1/4	9+5/8	36	0	1,018	165	0	1,018	CALC
1ST	8+3/4	7+5/8	26.4	0	2,700	192	200		CALC
2ND	8+3/4	4+1/2	11.6	0	9,396	1,020	3,790		CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
RETAINER	2ND	7,230	25	6,908	7,230

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	
WASATCH G	2,455		<input type="checkbox"/>	<input type="checkbox"/>	
PIERRE	4,198		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	4,714		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,384		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,861		<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 Engineer

Date: _____

Email: bbrown@bonanzacrk.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400363060	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400363057	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)