

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:

400282292

Date Received:

05/08/2012

## 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 05-123-35276-00

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: 200 feet Direction: FNL Distance: 2150 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&amp;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 4665 KB 4680

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         | 425       | 1,840   | 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/perf 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                    |   |
| SHARON SPRINGS | 5,925          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| NIOBRARA       | 6,074          |        | <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: 5/8/2012 Email: bbrown@bonanzacrk.com

**Attachment Check List**

| Att Doc Num                 | Document Name         | attached ? |                                     |    |                                     |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> |                       |            |                                     |    |                                     |
| 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"/> |
| <u>Other Attachments</u>    |                       |            |                                     |    |                                     |
| 400282292                   | FORM 5 SUBMITTED      | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 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**

| <b><u>User Group</u></b> | <b><u>Comment</u></b>  | <b><u>Comment Date</u></b> |
|--------------------------|--|----------------------------|
| Engineer                 | Rec'd 7" casing sack count.                                  | 1/3/2013 8:07:19 AM        |
| Engineer                 | Emailed operator for cement sack count on production casing. | 12/17/2012 8:38:20 AM      |
| Permit                   | Off hold. Logs received.                                     | 12/13/2012 11:51:42 AM     |
| Permit                   | On Hold. Requested paper logs.                               | 11/20/2012 9:42:58 AM      |
| Permit                   | On Hold. Requested paper logs.                               | 9/20/2012 10:02:23 AM      |

Total: 5 comment(s)