

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:
400376651

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: Olga Chikaloff
 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 05-123-36386-00 6. County: WELD
 7. Well Name: Pronghorn Well Number: 44-41-7HNB
 8. Location: QtrQtr: SESE Section: 7 Township: 5N Range: 61W Meridian: 6
 Footage at surface: Distance: 426 feet Direction: FSL Distance: 1175 feet Direction: FEL
 As Drilled Latitude: 40.409700 As Drilled Longitude: -104.247100

GPS Data:
 Date of Measurement: 02/20/2013 PDOP Reading: 1.9 GPS Instrument Operator's Name: Brian Rottinghous

** If directional footage at Top of Prod. Zone Dist.: 771 feet. Direction: FSL Dist.: 705 feet. Direction: FEL
 Sec: 7 Twp: 5N Rng: 61W

** If directional footage at Bottom Hole Dist.: 469 feet. Direction: FNL Dist.: 665 feet. Direction: FEL
 Sec: 7 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) 01/19/2013 13. Date TD: 01/19/2013 14. Date Casing Set or D&A: 01/19/2013

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

16. Total Depth MD 10610 TVD** 6063 17 Plug Back Total Depth MD 10610 TVD** 6063

18. Elevations GR 4562 KB 4577 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, MUD

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	432	360	0	432	CALC
1ST	3+3/4	7	26	0	6,545	659	1,560	6,545	CBL
1ST LINER	6+1/8	4+1/2	11.6	6452	10,610				

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	5,922		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,076		<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: Olga Chikaloff

Title: Engineering Technician Date: _____ Email: ochikaloff@bonanzack.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400387917	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400387918	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>			
400376656	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400384139	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400384835	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)