

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:

400394176

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 05-123-36470-00

6. County: WELD

7. Well Name: State Pronghorn

Well Number: 31-34-16HNB

8. Location: QtrQtr: NENE Section: 16 Township: 5N Range: 61W Meridian: 6

Footage at surface: Distance: 178 feet Direction: FNL Distance: 797 feet Direction: FEL

As Drilled Latitude: 40.407810 As Drilled Longitude: -104.207100

GPS Data:

Date of Measurement: 03/21/2013 PDOP Reading: 1.3 GPS Instrument Operator's Name: Jeff Guill

** If directional footage at Top of Prod. Zone Dist.: 703 feet. Direction: FNL Dist.: 1593 feet. Direction: FEL

Sec: 16 Twp: 5N Rng: 61W

** If directional footage at Bottom Hole Dist.: 471 feet. Direction: FSL Dist.: 2023 feet. Direction: FEL

Sec: 16 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) 03/01/2013 13. Date TD: 03/10/2013 14. Date Casing Set or D&A: 03/12/2013

15. Well Classification:

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

16. Total Depth MD 10887 TVD** 66094 17 Plug Back Total Depth MD 10887 TVD** 6094

18. Elevations GR 4629 KB 4644

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	456	380	0	456	CALC
1ST	8+3/4	7	26	0	6,647	713	0	7,105	CBL
1ST LINER	6+1/8	4+1/2	11.6	6592	10,874				

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	6,060		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,253		<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 ChikaloffTitle: Engineering Technician

Date: _____

Email: ochikaloff@bonanzackr.com**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400401481	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400398857	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>					
400394260	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400394301	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400398856	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments**User Group****Comment****Comment Date**

--	--	--

Total: 0 comment(s)