

**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:

400407723

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) 440-1600  
 3. Address: 410 17TH STREET SUITE #1400 Fax: (720) 276-2331  
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-36465-00 6. County: WELD  
 7. Well Name: Pronghorn Well Number: T-P-3HNB  
 8. Location: QtrQtr: SESE Section: 3 Township: 5N Range: 61W Meridian: 6  
 Footage at surface: Distance: 410 feet Direction: FSL Distance: 1222 feet Direction: FEL  
 As Drilled Latitude: 40.424240 As Drilled Longitude: -104.189430

GPS Data:

Date of Measurement: 05/08/2013 PDOP Reading: 2.1 GPS Instrument Operator's Name: Bruan Rottinhaus

\*\* If directional footage at Top of Prod. Zone Dist.: 670 feet. Direction: FSL Dist.: 1375 feet. Direction: FEL

Sec: 3 Twp: 5N Rng: 61W

\*\* If directional footage at Bottom Hole Dist.: 470 feet. Direction: FNL Dist.: 1368 feet. Direction: FEL

Sec: 3 Twp: 5N Rng: 61W

9. Field Name: WILDCAT 10. Field Number: 99999

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

12. Spud Date: (when the 1st bit hit the dirt) 03/24/2013 13. Date TD: 04/01/2013 14. Date Casing Set or D&A: 04/02/2013

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 10756 TVD\*\* 6182 17 Plug Back Total Depth MD 10756 TVD\*\* 6182

18. Elevations GR 4753 KB 4768

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:

MUD, CBL

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	457	380	0	457	CALC
1ST	8+3/4	7	26	0	6,532	616	0	6,532	CALC
1ST LINER	6+1/8	4+1/2	11.6	6522	10,702				VISU

**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	6,020		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,190		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

submit CBLS when recieved

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 ?	
<b><u>Attachment Checklist</u></b>			
400407727	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400430287	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><u>Other Attachments</u></b>			
400407728	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400427894	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400430288	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)