

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



DE ET OE ES

Document Number:

400316814

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  
2. Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY  
3. Address: 410 17TH STREET SUITE #1400  
City: DENVER State: CO Zip: 80202  
4. Contact Name: Stephen Wolfe  
Phone: (720) 440-6110  
Fax:

5. API Number 05-123-12088-00  
6. County: WELD  
7. Well Name: FARR Well Number: 2-19  
8. Location: QtrQtr: NWNW Section: 19 Township: 5N Range: 62W Meridian: 6  
Footage at surface: Distance: 990 feet Direction: FNL Distance: 990 feet Direction: FWL  
As Drilled Latitude: 40.388940 As Drilled Longitude: -104.371810

GPS Data:

Date of Measurement: 08/30/2006 PDOP Reading: 1.7 GPS Instrument Operator's Name: L. Robbins

\*\* If directional footage at Top of Prod. Zone Dist.: 990 feet. Direction: FNL Dist.: 990 feet. Direction: FWL  
Sec: 19 Twp: 5N Rng: 62W

\*\* If directional footage at Bottom Hole Dist.: 990 feet. Direction: FNL Dist.: 990 feet. Direction: FWL  
Sec: 19 Twp: 5N Rng: 62W

9. Field Name: WATTENBERG 10. Field Number: 90750  
11. Federal, Indian or State Lease Number: 68371

12. Spud Date: (when the 1st bit hit the dirt) 11/05/1984 13. Date TD: 11/10/1984 14. Date Casing Set or D&A:

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 6483 TVD\*\* 6483 17 Plug Back Total Depth MD 6630 TVD\*\* 6630

18. Elevations GR 4601 KB 4606  
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

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	12+1/4	8+5/8	24	0	232	200	0	232	CALC
1ST	7+7/8	4+1/2	11.6	0	6,714	355	5,500	6,714	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 08/16/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	3,475	355	2,026	3,485

Details of work:

Bad csg found 2316'-3339'. Cut casing below holes and pull, run in new casing w/ patch and engage old casing, pull test and land casing. Shot 2 squeeze holes at 3475', set cement retainer, circ cmt to surface, drill out retainer/cement, run CBL from 3550' to surface, top of good cement found at 2026', p-test failed, squeeze holes leaking, spot cement at squeeze holes and push 1 bbl of cement into holes. Drill out cement and p-test casing to 1000 psi and held with no leakoff. Run tbq. RTP.

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	
PARKMAN	3,390		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,214		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,260		<input type="checkbox"/>	<input type="checkbox"/>	
TIMPAS	6,498		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,518		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	6,583		<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: Stephen

Title: Wolfe Date: \_\_\_\_\_ Email: swolfe@bonanzacr.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400487089	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input 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"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>Other Attachments</b>			
400487033	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400487034	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)