

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:

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

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:

Data 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&amp;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@bonanzacrk.com \_\_\_\_\_

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
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"/>
<u>Other Attachments</u>					
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)