

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:

400470608

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) 279-2331  
City: DENVER State: CO Zip: 80202

5. API Number 05-123-37406-00 6. County: WELD  
7. Well Name: State Antelope Well Number: 41-44-30HNB  
8. Location: QtrQtr: NENE Section: 30 Township: 5N Range: 62W Meridian: 6  
Footage at surface: Distance: 480 feet Direction: FNL Distance: 841 feet Direction: FEL  
As Drilled Latitude: 40.376420 As Drilled Longitude: -104.359740

GPS Data:

Date of Measurement: 08/05/2013 PDOP Reading: 1.8 GPS Instrument Operator's Name: Wyatt Hall

\*\* If directional footage at Top of Prod. Zone Dist.: 705 feet. Direction: FNL Dist.: 673 feet. Direction: FEL

Sec: 30 Twp: 5N Rng: 62W

\*\* If directional footage at Bottom Hole Dist.: 533 feet. Direction: FSL Dist.: 621 feet. Direction: FEL

Sec: 30 Twp: 5N Rng: 62W

9. Field Name: WATTENBERG 10. Field Number: 90750

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

12. Spud Date: (when the 1st bit hit the dirt) 06/25/2013 13. Date TD: 07/04/2013 14. Date Casing Set or D&A: 07/05/2013

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 10863 TVD\*\* 6400 17 Plug Back Total Depth MD 10863 TVD\*\* 6400

18. Elevations GR 4662 KB 4677

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	447	370	0	447	CALC
1ST	8+3/4	7	26	0	6,800	810	420	6,800	VISU
1ST LINER	6+1/8	4+1/2	11.6	6558	10,915				

### 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	6,194		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,462		<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>			
400502089	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400470655	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>			
400470657	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400498054	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400498055	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400502085	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400502087	PDF-	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)