

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:

400373541

Date Received:

04/08/2013

## 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 05-123-36472-00

6. County: WELD

7. Well Name: State Antelope

Well Number: J14-F11-24HNB

8. Location: QtrQtr: SWSW Section: 24 Township: 5N Range: 62W Meridian: 6

Footage at surface: Distance: 183 feet Direction: FSL Distance: 1247 feet Direction: FWL

As Drilled Latitude: 40.379160 As Drilled Longitude: -104.276470

## GPS Data:

Data of Measurement: 02/20/2013 PDOP Reading: 2.5 GPS Instrument Operator's Name: Brian Rottinghous

\*\* If directional footage at Top of Prod. Zone Dist.: 575 feet. Direction: FSL Dist.: 982 feet. Direction: FWL

Sec: 24 Twp: 5N Rng: 62W

\*\* If directional footage at Bottom Hole Dist.: 475 feet. Direction: FNL Dist.: 972 feet. Direction: FWL

Sec: 24 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) 01/14/2013 13. Date TD: 01/21/2013 14. Date Casing Set or D&amp;A: 01/21/2013

## 15. Well Classification:

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

16. Total Depth MD 10839 TVD\*\* 6090 17 Plug Back Total Depth MD 10839 TVD\*\* 6090

18. Elevations GR 4562 KB 4574

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	470	220	0	470	CALC
1ST	8+3/4	7	26	0	6,102	465	3,312	6,102	CBL
1ST LINER	6+1/8	4+1/2	11.6	6084	10,839				

**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	5,896		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,069		<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: 4/8/2013 Email: ochikaloff@bonanzackr.com**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400376209	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400376460	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>					
400373541	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400375854	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400384915	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400384916	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400401468	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date
Permit	Oper. corrected TOP and BHL footages. Set swell packer at 6443 to isolate upper portion of liner. Oper. cannot provide shallow fm. tops due to current logging program.	1/16/2014 3:13:59 PM
Permit	TOP is not legal location. Spacing order requires 460' from unit boundary.	1/15/2014 11:08:22 AM

Total: 2 comment(s)