

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:

400570983

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: Brandon Dykes

2. Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY

Phone: (720) 440-6111

3. Address: 410 17TH STREET SUITE #1400

Fax: (720) 279-2331

City: DENVER State: CO Zip: 80202

5. API Number 05-123-38307-00

6. County: WELD

7. Well Name: State North Platte

Well Number: 24-21-26HNC

8. Location: QtrQtr: SWSE Section: 26 Township: 5N Range: 63W Meridian: 6

Footage at surface: Distance: 538 feet Direction: FSL Distance: 2381 feet Direction: FEL

As Drilled Latitude: 40.364640 As Drilled Longitude: -104.402440

GPS Data:

Data of Measurement: 01/07/2014 PDOP Reading: 1.9 GPS Instrument Operator's Name: Wyatt Hall

** If directional footage at Top of Prod. Zone Dist.: 668 feet. Direction: FSL Dist.: 3086 feet. Direction: FEL

Sec: 26 Twp: 5N Rng: 63W

** If directional footage at Bottom Hole Dist.: 476 feet. Direction: FNL Dist.: 2129 feet. Direction: FWL

Sec: 26 Twp: 5N Rng: 63W

9. Field Name: WATTENBERG

10. Field Number: 90750

11. Federal, Indian or State Lease Number: OG 2147.12

12. Spud Date: (when the 1st bit hit the dirt) 11/02/2014 13. Date TD: 11/08/2014 14. Date Casing Set or D&A: 11/09/2014

15. Well Classification:

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

16. Total Depth MD 10955 TVD** 6401 17 Plug Back Total Depth MD 10955 TVD** 6401

18. Elevations GR 4551 KB 4568

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	250	0	470	CALC
1ST	8+3/4	7	26	0	6,859	775	0	6,865	CBL
1ST LINER	6+1/8	4+1/2	11.6	6619	10,955				

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	6,214		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,406		<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: Brandon DykesTitle: Drilling Engineering Tech Date: _____ Email: bdykes@bonazacrk.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400571461	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400571474	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>					
400571308	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400571326	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400571327	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400571328	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400571329	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400571423	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)