

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



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Document Number:
400316652

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 05-123-26114-00 6. County: WELD
 7. Well Name: ALLES Well Number: 41-31
 8. Location: QtrQtr: NENE Section: 31 Township: 5N Range: 63W Meridian: 6
 Footage at surface: Distance: 600 feet Direction: FNL Distance: 620 feet Direction: FWL
 As Drilled Latitude: 40.361610 As Drilled Longitude: -104.471810

GPS Data:

Date of Measurement: 09/11/2007 PDOP Reading: 2.1 GPS Instrument Operator's Name: Larry Robbins

** If directional footage at Top of Prod. Zone Dist.: 600 feet. Direction: FNL Dist.: 620 feet. Direction: FWL

Sec: 31 Twp: 5N Rng: 63W

** If directional footage at Bottom Hole Dist.: 600 feet. Direction: FNL Dist.: 620 feet. Direction: FWL

Sec: 31 Twp: 5N Rng: 63W

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) 08/04/2007 13. Date TD: 08/08/2007 14. Date Casing Set or D&A: _____

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 6714 TVD** 6714 17 Plug Back Total Depth MD 6700 TVD** 6700

18. Elevations GR 4577 KB 4589

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	575	410	0	575	CALC
1ST	7+7/8	4+1/2	11.6	0	6,714	450	3,680	6,714	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
RETAINER	1ST	3,147	450	938	3,244

Details of work:

Determined casing had holes from 3212-29'. Set cement retainer at 3147' and circulated 450 sacks through holes taking returns on the surface. Drilled out retainer and ran braidenhead test. Held 1500 psi for 60 mins. Ran CBL on 12/13/2012 and found TOC at 938'.

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	3,356		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	3,954		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,312		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,529		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,564		<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 Wolfe

Title: Sr Prod Engr Date: _____ Email: stephen.wolfe@alumni.mines.edu

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400596703	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400596702	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)