

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:

400664095

Date Received:

08/29/2014

## 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 05-123-38974-00

6. County: WELD

7. Well Name: Pronghorn

Well Number: K-O-18HNC

8. Location: QtrQtr: Lot 1 Section: 18 Township: 5N Range: 61W Meridian: 6

Footage at surface: Distance: 220 feet Direction: FNL Distance: 1311 feet Direction: FWL

As Drilled Latitude: 40.407900 As Drilled Longitude: -104.257190

## GPS Data:

Date of Measurement: 05/29/2014 PDOP Reading: 1.6 GPS Instrument Operator's Name: Wyatt Hall

\*\* If directional footage at Top of Prod. Zone Dist.: 543 feet. Direction: FNL Dist.: 2621 feet. Direction: FEL

Sec: 18 Twp: 5N Rng: 61W

\*\* If directional footage at Bottom Hole Dist.: 470 feet. Direction: FSL Dist.: 2637 feet. Direction: FWL

Sec: 18 Twp: 5N Rng: 61W

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) 03/27/2014 13. Date TD: 04/08/2014 14. Date Casing Set or D&amp;A: 04/09/2014

## 15. Well Classification:

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

16. Total Depth MD 11017 TVD\*\* 6155 17 Plug Back Total Depth MD 11017 TVD\*\* 6155

18. Elevations GR 4569 KB 4586

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	425	418	0	425	CALC
1ST	8+3/4	7	26	0	6,773	900	150	6,773	CBL
1ST LINER	6+1/8	4+1/2	11.6	6643	11,017				VISU

## 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	6,106		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,286		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Open Hole log run on the Pronghorn 11-14-18HNB.

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: 8/29/2014

Email: ochikaloff@bonanzacrk.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" 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>					
400664095	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Oper. req'd return to draft.	8/5/2014 7:19:07 AM

Total: 1 comment(s)