

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:
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&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@bonanzack.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. | 9/5/2014 7:19:07 AM |

Total: 1 comment(s)