

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:

400666151

Date Received:

09/02/2014

## 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 05-123-39390-00

6. County: WELD

7. Well Name: Pronghorn

Well Number: 11-14-17HNB

8. Location: QtrQtr: NWNW Section: 17 Township: 5N Range: 61W Meridian: 6

Footage at surface: Distance: 310 feet Direction: FNL Distance: 1186 feet Direction: FWL

As Drilled Latitude: 40.407660 As Drilled Longitude: -104.238630

## GPS Data:

Date of Measurement: 08/07/2014 PDOP Reading: 1.9 GPS Instrument Operator's Name: Wyatt Hall

\*\* If directional footage at Top of Prod. Zone Dist.: 388 feet. Direction: FNL Dist.: 675 feet. Direction: FWL

Sec: 17 Twp: 5N Rng: 61W

\*\* If directional footage at Bottom Hole Dist.: 470 feet. Direction: FSL Dist.: 668 feet. Direction: FWL

Sec: 17 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) 05/28/2014 13. Date TD: 06/05/2014 14. Date Casing Set or D&amp;A: 06/07/2014

## 15. Well Classification:

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

16. Total Depth MD 10785 TVD\*\* 6077 17 Plug Back Total Depth MD 10785 TVD\*\* 6077

18. Elevations GR 4593 KB 4610

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	506	326	0	506	CALC
1ST	8+3/4	7	26	0	6,474	766	0	6,474	CBL
1ST LINER	6+1/8	4+1/2	11.6	6287	10,785				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	5,943		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,110		<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: 9/2/2014 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>					
400666151	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 7:17:59 AM

Total: 1 comment(s)