

**FORM**  
**5**  
Rev  
09/14

**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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| DE | ET | OE | ES |
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Document Number:  
400818620

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

OGCC Operator Number: 8960 Contact Name: Jessica Azzolina  
 Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY Phone: (720) 440-6100  
 Address: 410 17TH STREET SUITE #1400 Fax: (720) 279-2331  
 City: DENVER State: CO Zip: 80202

API Number 05-123-39211-00 County: WELD  
 Well Name: State Seventy Holes Well Number: K21-O24-4HNB  
 Location: QtrQtr: NENW Section: 4 Township: 4N Range: 62W Meridian: 6  
 Footage at surface: Distance: 370 feet Direction: FNL Distance: 1382 feet Direction: FWL  
 As Drilled Latitude: 40.347920 As Drilled Longitude: -104.335910

GPS Data:  
 Date of Measurement: 02/10/2015 PDOP Reading: 1.8 GPS Instrument Operator's Name: Adam Beauprez

\*\* If directional footage at Top of Prod. Zone Dist.: 689 feet. Direction: FNL Dist.: 2300 feet. Direction: FWL  
 Sec: 4 Twp: 4N Rng: 62W  
 \*\* If directional footage at Bottom Hole Dist.: 473 feet. Direction: FSL Dist.: 2312 feet. Direction: FWL  
 Sec: 4 Twp: 4N Rng: 62W

Field Name: WATTENBERG Field Number: 90750  
 Federal, Indian or State Lease Number: OG 2140.12

Spud Date: (when the 1st bit hit the dirt) 12/11/2014 Date TD: 12/21/2014 Date Casing Set or D&A: 12/23/2014  
 Rig Release Date: 02/07/2015 Per Rule 308A.b.

Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

Total Depth MD 11078 TVD\*\* 6204 Plug Back Total Depth MD 11078 TVD\*\* 6204

Elevations GR 4552 KB 4574 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
 Mud Logs, CBL, (OH log ran on State Seventy Holes F-J-4HC on same pad)

**CASING, LINER AND CEMENT**

| 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             | 451           | 200       | 0       | 451     | CALC   |
| 1ST         | 8+3/4        | 7              | 26    | 0             | 6,681         | 775       | 0       | 6,681   | CBL    |
| 1ST LINER   | 6+1/8        | 4+1/2          | 11.6  | 6508          | 11,073        |           |         |         | 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:

## FORMATION LOG INTERVALS AND TEST ZONES

| FORMATION NAME | Measured Depth |        | Check if applies |       | COMMENTS (All DST and Core Analysis must be submitted to COGCC) |
|----------------|----------------|--------|------------------|-------|---|
|                | Top            | Bottom | DST              | Cored |   |
| SHARON SPRINGS | 6,252          |        | NO               | NO    |   |
| NIOBRARA       | 6,391          |        | NO               | NO    |   |

Comment:

OH log ran on State Seventy Holes F-J-4HC on same pad

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Jessica Azzolina

Title: Drilling Technician Date: \_\_\_\_\_ Email: jazzolina@bonanzacrk.com

### Attachment Check List

| Att Doc Num                        | Document Name         | attached ?                              |  |
|------------------------------------|-----------------------|---|--|
| <b><u>Attachment Checklist</u></b> |                       |   |  |
| 400818894                          | CMT Summary *         | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
|                                    | Core Analysis         | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
| 400818683                          | 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"/> |
| <b><u>Other Attachments</u></b>    |                       |   |  |
| 400818672                          | PDF-CEMENT BOND       | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400818674                          | PDF-MUD               | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400818682                          | DIRECTIONAL DATA      | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400821462                          | PDF-MUD               | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |

**General Comments**

**User Group**

**Comment**

**Comment Date**

| <b><u>User Group</u></b> | <b><u>Comment</u></b> | <b><u>Comment Date</u></b> |
|--------------------------|-----------------------|----------------------------|
|                          |                       |                            |

Total: 0 comment(s)