

Document Number:  
400827484

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 05-123-40060-00 County: WELD  
 Well Name: State Pronghorn Well Number: 43-13-29HNB  
 Location: QtrQtr: SESE Section: 29 Township: 5N Range: 61W Meridian: 6  
 Footage at surface: Distance: 1240 feet Direction: FSL Distance: 210 feet Direction: FEL  
 As Drilled Latitude: 40.367970 As Drilled Longitude: -104.224350

GPS Data:  
 Date of Measurement: 03/10/2015 PDOP Reading: 1.2 GPS Instrument Operator's Name: Marc Mayer

\*\* If directional footage at Top of Prod. Zone Dist.: 2009 feet. Direction: FSL Dist.: 693 feet. Direction: FEL  
 Sec: 29 Twp: 5N Rng: 61W  
 \*\* If directional footage at Bottom Hole Dist.: 1926 feet. Direction: FSL Dist.: 468 feet. Direction: FWL  
 Sec: 29 Twp: 5N Rng: 61W

Field Name: RIVERSIDE Field Number: 73800  
 Federal, Indian or State Lease Number: OG 1175.10

Spud Date: (when the 1st bit hit the dirt) 02/18/2015 Date TD: 02/23/2015 Date Casing Set or D&A: 02/24/2015  
 Rig Release Date: 02/25/2015 Per Rule 308A.b.

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

Total Depth MD 10629 TVD\*\* 6052 Plug Back Total Depth MD 10629 TVD\*\* 6052  
 Elevations GR 4602 KB 4619 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
CBL, Mud Log, Cased hole Gamma Ray/Neutron log

**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	781	410	0	781	CALC
1ST	8+3/4	7	26	0	6,493	759	0	6,493	CBL
1ST LINER	6+1/8	4+1/2	11.6	6249	10,621				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	5,954		NO	NO	
NIOBRARA	6,167		NO	NO	

Comment:

Ran cased hole log on this well for the State Pronghorn X-29 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>			
400828448	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400828175	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>			
400828167	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400828170	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400828171	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400828174	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400828740	PDF-GAMMA RAY	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)