

FORM
5Rev
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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Document Number:

400875871

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 05-123-41259-00

County: WELD

Well Name: State Pronghorn

Well Number: 43-32-31MRLNB

Location: QtrQtr: SESE Section: 32 Township: 5N Range: 61W Meridian: 6

Footage at surface: Distance: 571 feet Direction: FSL Distance: 1107 feet Direction: FEL

As Drilled Latitude: 40.351540 As Drilled Longitude: -104.227310

GPS Data:

Date of Measurement: 06/05/2015 PDOP Reading: 1.2 GPS Instrument Operator's Name: Mike Johnson

** If directional footage at Top of Prod. Zone Dist.: 1967 feet. Direction: FSL Dist.: 719 feet. Direction: FEL

Sec: 32 Twp: 5N Rng: 61W

** If directional footage at Bottom Hole Dist.: 1964 feet. Direction: FSL Dist.: 851 feet. Direction: FEL

Sec: 31 Twp: 5N Rng: 61W

Field Name: WILDCAT

Field Number: 99999

Federal, Indian or State Lease Number: 1178.10

Spud Date: (when the 1st bit hit the dirt) 04/18/2015 Date TD: 05/03/2015 Date Casing Set or D&A: 05/04/2015

Rig Release Date: 05/31/2015 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 12157 TVD** 5970 Plug Back Total Depth MD 12157 TVD** 5970

Elevations GR 4530 KB 4547 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

CBL, Mud Log, (OH log ran on St Pronghorn X-32-31MRLNB for SP 44-32 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	431	230	0	431	CALC
1ST	8+3/4	7+26/0	26	0	6,700	810	0	6,700	CBL
1ST LINER	6+1/8	4+1/2	11.6	6486	12,151				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	6,218		NO	NO	
NIOBRARA	6,393		NO	NO	

Comment:

OH log ran on St Pronghorn X-32-31MRLNB for SP 44-32 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 ?			
<u>Attachment Checklist</u>					
400875912	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400876728	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"/>
<u>Other Attachments</u>					
400875896	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400875897	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400876725	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group Comment

Comment Date

Total: 0 comment(s)