

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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Document Number:
400876122

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 05-123-41260-00 County: WELD
 Well Name: State Pronghorn Well Number: X43-32-31MRLNC
 Location: QtrQtr: SESE Section: 32 Township: 5N Range: 61W Meridian: 6
 Footage at surface: Distance: 570 feet Direction: FSL Distance: 1087 feet Direction: FEL
 As Drilled Latitude: 40.351530 As Drilled Longitude: -104.227240

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.: 1652 feet. Direction: FSL Dist.: 786 feet. Direction: FEL
 Sec: 32 Twp: 5N Rng: 61W
 ** If directional footage at Bottom Hole Dist.: 1599 feet. Direction: FSL Dist.: 856 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) 04/15/2015 Date TD: 05/08/2015 Date Casing Set or D&A: 05/09/2015
 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 12085 TVD** 6051 Plug Back Total Depth MD 12085 TVD** 6051

Elevations GR 4529 KB 4546 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, Mud log, (OH log ran on the St Pronghorn X-32-31XRLNB for the 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	429	260	0	429	CALC
1ST	8+3/4	7	26	0	6,694	810		6,694	CBL
1ST LINER	6+1/8	4+1/2	11.6	5751	12,077				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	6,061		NO	NO	
NIOBRARA	6,231		NO	NO	

Comment:

OH log ran on the St Pronghorn X-32-31XRLNB for the 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>			
400876785	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400876784	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>			
400876146	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400876149	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400876782	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)