

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



DE ET OE ES

Document Number:

400878240

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 05-123-40200-00

County: WELD

Well Name: North Platte Federal

Well Number: F21-J24-22HNB

Location: QtrQtr: NWNW Section: 22 Township: 5N Range: 63W Meridian: 6

Footage at surface: Distance: 677 feet Direction: FNL Distance: 1205 feet Direction: FWL

As Drilled Latitude: 40.390285 As Drilled Longitude: -104.426820

GPS Data:

Date of Measurement: 06/08/2015 PDOP Reading: 1.4 GPS Instrument Operator's Name: Rob Wilson

** If directional footage at Top of Prod. Zone Dist.: 760 feet. Direction: FNL Dist.: 1603 feet. Direction: FWL

Sec: 22 Twp: 5N Rng: 63W

** If directional footage at Bottom Hole Dist.: 473 feet. Direction: FSL Dist.: 1618 feet. Direction: FWL

Sec: 22 Twp: 5N Rng: 63W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number: COC63737

Spud Date: (when the 1st bit hit the dirt) 05/07/2015 Date TD: 05/25/2015 Date Casing Set or D&A: 05/25/2015

Rig Release Date: 06/05/2015 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 11108 TVD** 6502 Plug Back Total Depth MD 11108 TVD** 6502

Elevations GR 4658 KB 4675 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

Mud Log, CBL, OH log for NP F-22 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	489	270	0	489	CALC
1ST	8+3/4	7	26	0	6,969	905	0	6,969	CBL
1ST LINER	6+1/8	4+1/2	11.6	6038	11,100				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	6,402		NO	NO	
NIOBRARA	6,597		NO	NO	

Comment:

OH log for NP F-22 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>					
400878258	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400878255	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>					
400878252	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400878253	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400878254	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

--	--	--

Total: 0 comment(s)