

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:
400918259

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 05-123-41043-00 County: WELD
 Well Name: State Antelope Well Number: C12-W42-2HNC
 Location: QtrQtr: SWNW Section: 2 Township: 5N Range: 62W Meridian: 6
 Footage at surface: Distance: 1401 feet Direction: FNL Distance: 394 feet Direction: FWL
 As Drilled Latitude: 40.432923 As Drilled Longitude: -104.298624

GPS Data:
 Date of Measurement: 10/08/2015 PDOP Reading: 1.5 GPS Instrument Operator's Name: Rob Wilson

** If directional footage at Top of Prod. Zone Dist.: 2303 feet. Direction: FNL Dist.: 711 feet. Direction: FWL
 Sec: 2 Twp: 5N Rng: 62W
 ** If directional footage at Bottom Hole Dist.: 2299 feet. Direction: FNL Dist.: 476 feet. Direction: FEL
 Sec: 2 Twp: 5N Rng: 62W

Field Name: WATTENBERG Field Number: 90750
 Federal, Indian or State Lease Number: OG8039.4

Spud Date: (when the 1st bit hit the dirt) 06/28/2015 Date TD: 08/07/2015 Date Casing Set or D&A: 08/08/2015
 Rig Release Date: 08/18/2015 Per Rule 308A.b.

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

Total Depth MD 11028 TVD** 6285 Plug Back Total Depth MD 11028 TVD** 6285

Elevations GR 4647 KB 4664 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
Mud, CBL, Gamma Ray, (Open Hole log ran on the St Ant 11-41-2HNB for the St Ant B-2 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	464	275	0	464	CALC
1ST	8+3/4	7	26	0	6,794	850	0	6,794	CBL
1ST LINER	6+1/8	4+1/2	11.6	5875	11,023				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	6,176		NO	NO	
NIOBRARA	6,306		NO	NO	Log starts at 5000', too deep to call shallow tops

Comment:

Open Hole log ran on the St Ant 11-41-2HNB for the St Ant B-2 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: Technician

Date: _____

Email: jazzolina@bonanzacrk.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400919392	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400919389	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"/>
Other Attachments			
400918288	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400918289	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400918290	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400918291	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400919388	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)