

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:

400948738

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 05-123-41887-00

County: WELD

Well Name: North Platte

Well Number: K31-O34-34HNB

Location: QtrQtr: SESW Section: 27 Township: 5N Range: 63W Meridian: 6

Footage at surface: Distance: 1187 feet Direction: FSL Distance: 2492 feet Direction: FWL

As Drilled Latitude: 40.366475 As Drilled Longitude: -104.422327

GPS Data:

Date of Measurement: 10/13/2015 PDOP Reading: 2.1 GPS Instrument Operator's Name: Casey Kohout

** If directional footage at Top of Prod. Zone Dist.: 675 feet. Direction: FNL Dist.: 2437 feet. Direction: FEL

Sec: 34 Twp: 5N Rng: 63W

** If directional footage at Bottom Hole Dist.: 475 feet. Direction: FSL Dist.: 2385 feet. Direction: FEL

Sec: 34 Twp: 5N Rng: 63W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 08/29/2015 Date TD: 09/28/2015 Date Casing Set or D&A: 09/29/2015

Rig Release Date: 10/08/2015 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 11068 TVD** 6332 Plug Back Total Depth MD 11068 TVD** 6332

Elevations GR 4541 KB 4558 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

Mud, CBL, Gamma, (OH log ran on the NP K21-O24-34HC, API # 05-123-41885)

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	1,662	755	0	1,662	CALC
1ST	8+3/4	7	26	0	6,888	860	0	6,888	CBL
1ST LINER	6+1/8	4+1/2	11.6	6135	11,061				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	
PARKMAN	3,404		NO	NO	
SHARON SPRINGS	6,381		NO	NO	
NIOBRARA	6,571		NO	NO	No Sussex or Shannon present

Comment:

OH log ran on the NP K21-O24-34HC, API # 05-123-41885

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Jessica AzzolinaTitle: Drilling Tech

Date: _____

Email: jazzolina@bonanzacrk.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400948967	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400948969	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>					
400948962	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400948963	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400948964	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400948965	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400948966	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400948970	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)