

DRILLING COMPLETION REPORT

Document Number:
400948987

Date Received:

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 05-123-41886-00 County: WELD
 Well Name: North Platte Well Number: K21-O24-34HNC
 Location: QtrQtr: SESW Section: 27 Township: 5N Range: 63W Meridian: 6
 Footage at surface: Distance: 1170 feet Direction: FSL Distance: 2482 feet Direction: FWL
 As Drilled Latitude: 40.366429 As Drilled Longitude: -104.422365

GPS Data:
 Date of Measurement: 10/13/2015 PDOP Reading: 1.9 GPS Instrument Operator's Name: Casey Kohout

** If directional footage at Top of Prod. Zone Dist.: 713 feet. Direction: FNL Dist.: 2376 feet. Direction: FWL
 Sec: 34 Twp: 5N Rng: 63W
 ** If directional footage at Bottom Hole Dist.: 477 feet. Direction: FSL Dist.: 2454 feet. Direction: FWL
 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) 09/02/2015 Date TD: 10/01/2015 Date Casing Set or D&A: 10/02/2015
 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 11120 TVD** 6409 Plug Back Total Depth MD 11120 TVD** 6409
 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	1,690	1,126	0	1,690	CALC
1ST	8+3/4	7	26	0	6,967	876	0	6,967	CBL
1ST LINER	6+1/8	4+1/2	11.6	6176	11,113				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	3,411		NO	NO	
SHARON SPRINGS	6,347		NO	NO	
NIOBRARA	6,504		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 Azzolina

Title: Drilling Tech

Date: _____

Email: jazzolina@bonanzacr.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400949038	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400949041	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			
400949033	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400949034	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400949035	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400949036	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400949037	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400949040	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)