

**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.

Document Number:  
400949057

Date Received:

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 05-123-41885-00 County: WELD

Well Name: North Platte Well Number: K21-O24-34HC

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

Footage at surface: Distance: 1153 feet Direction: FSL Distance: 2472 feet Direction: FWL

As Drilled Latitude: 40.366383 As Drilled Longitude: -104.422402

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.: 485 feet. Direction: FNL Dist.: 2241 feet. Direction: FWL  
Sec: 34 Twp: 5N Rng: 63W

\*\* If directional footage at Bottom Hole Dist.: 479 feet. Direction: FSL Dist.: 2255 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) 09/06/2015 Date TD: 10/03/2015 Date Casing Set or D&A: 10/05/2015

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 11291 TVD\*\* 6508 Plug Back Total Depth MD 11291 TVD\*\* 6508

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

List Electric Logs Run:  
Mud, CBL, Gamma, OH for NP T-27 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	1,669	758	0	1,669	CALC
1ST	8+3/4	7	26	0	6,926	885	0	6,926	CBL
1ST LINER	6+1/8	4+1/2	11.6	6270	11,283				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	3,400		NO	NO	
SHARON SPRINGS	6,315		NO	NO	
NIOBRARA	6,444		NO	NO	

Comment:

OH log

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@bonanzack.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400949111	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400949110	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"/>
<b>Other Attachments</b>			
400949089	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400949090	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400949093	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400949094	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400949095	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400949097	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400949108	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)