

FORM
5Rev
09/14State 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:

400959346

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 05-123-41973-00

County: WELD

Well Name: State Antelope

Well Number: K-O-28HNB

Location: QtrQtr: SESW Section: 21 Township: 5N Range: 62W Meridian: 6

Footage at surface: Distance: 429 feet Direction: FSL Distance: 2056 feet Direction: FWL

As Drilled Latitude: 40.379126 As Drilled Longitude: -104.330796

GPS Data:

Date of Measurement: 09/30/2015 PDOP Reading: 1.6 GPS Instrument Operator's Name: Brian Rottinghaus

** If directional footage at Top of Prod. Zone Dist.: 558 feet. Direction: FNL Dist.: 2562 feet. Direction: FEL

Sec: 28 Twp: 5N Rng: 62W

** If directional footage at Bottom Hole Dist.: 470 feet. Direction: FSL Dist.: 2604 feet. Direction: FEL

Sec: 28 Twp: 5N Rng: 62W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number: 2144.12

Spud Date: (when the 1st bit hit the dirt) 09/16/2015 Date TD: 10/25/2015 Date Casing Set or D&A: 10/26/2015

Rig Release Date: 11/03/2015 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 11077 TVD** 6317 Plug Back Total Depth MD 11077 TVD** 6317

Elevations GR 4634 KB 4651 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

Mud, CBL, Gamma, (OH log ran on the St Antelope K21-O24-28HNC, API # 05-123-41984)

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	1,560	740	0	1,560	CALC
1ST	8+3/4	7	26	0	6,760	860	0	6,760	CBL
1ST LINER	6+1/8	4+1/2	11.6	5793	11,072				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	3,388		NO	NO	
SHARON SPRINGS	6,190		NO	NO	
NIOBRARA	6,345		NO	NO	No Shannon or Sussex present

Comment:

OH log ran on the St Antelope K21-O24-28HNC, API # 05-123-41984

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@bonanzacrk.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400959367	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400959370	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>					
400959353	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400959354	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400959363	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400959364	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400959371	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)