

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:
400983776

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 05-123-42351-00 County: WELD
 Well Name: State Pronghorn Well Number: W-32-31MRLNB
 Location: QtrQtr: NENE Section: 32 Township: 5N Range: 61W Meridian: 6
 Footage at surface: Distance: 1311 feet Direction: FNL Distance: 713 feet Direction: FEL
 As Drilled Latitude: 40.360960 As Drilled Longitude: -104.226070

GPS Data:
 Date of Measurement: 01/13/2016 PDOP Reading: 2.5 GPS Instrument Operator's Name: Marc Mayer

** If directional footage at Top of Prod. Zone Dist.: 2606 feet. Direction: FNL Dist.: 925 feet. Direction: FEL
 Sec: 32 Twp: 5N Rng: 61W
 ** If directional footage at Bottom Hole Dist.: 2602 feet. Direction: FNL Dist.: 851 feet. Direction: FEL
 Sec: 31 Twp: 5N Rng: 61W

Field Name: WATTENBERG Field Number: 90750
 Federal, Indian or State Lease Number: 1178.10

Spud Date: (when the 1st bit hit the dirt) 11/04/2015 Date TD: 12/01/2015 Date Casing Set or D&A: 12/02/2015
 Rig Release Date: 12/03/2015 Per Rule 308A.b.

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

Total Depth MD 11989 TVD** 6044 Plug Back Total Depth MD 11989 TVD** 6044

Elevations GR 4565 KB 4582 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
Mud, CBL, Gamma, (OH log ran on the State Pronghorn V-32-31MRLNB, API # 05-123-42353)

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	1,411	695	0	1,411	CALC
1ST	8+3/4	7	26	0	6,797	815	0	6,797	CBL
1ST LINER	6+1/8	4+1/2	11.6	5629	11,984				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	3,233		NO	NO	
SHARON SPRINGS	6,270		NO	NO	
NIOBRARA	6,461		NO	NO	No Shannon or Sussex present

Comment:

OH log ran on the State Pronghorn V-32-31MRLNB, API # 05-123-42353

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 Technician

Date: _____

Email: jazzolina@bonanzacr.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400983981	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400983985	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			
400983973	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400983976	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400983977	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400983978	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400983979	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400983980	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400983987	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)