

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



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Document Number:

401031473

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: Ashley Danowski

Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY

Phone: (720) 440-6100

Address: 410 17TH STREET SUITE #1400

Fax: (720) 305-0804

City: DENVER State: CO Zip: 80202

API Number 05-123-42480-00

County: WELD

Well Name: North Platte

Well Number: Y-U-13HNB

Location: QtrQtr: SESE Section: 13 Township: 5N Range: 63W Meridian: 6

Footage at surface: Distance: 619 feet Direction: FSL Distance: 443 feet Direction: FEL

As Drilled Latitude: 40.393530 As Drilled Longitude: -104.376550

GPS Data:

Date of Measurement: 03/11/2016 PDOP Reading: 1.4 GPS Instrument Operator's Name: Mike Johnson

** If directional footage at Top of Prod. Zone Dist.: 531 feet. Direction: FSL Dist.: 60 feet. Direction: FEL

Sec: 13 Twp: 5N Rng: 63W

** If directional footage at Bottom Hole Dist.: 475 feet. Direction: FNL Dist.: 22 feet. Direction: FEL

Sec: 13 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) 02/03/2016 Date TD: 02/11/2016 Date Casing Set or D&A: 02/12/2016

Rig Release Date: 02/26/2016 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 11130 TVD** 6356 Plug Back Total Depth MD 11130 TVD** 6356

Elevations GR 4597 KB 4614 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

GR Log, Mud Log, CBL and Open Hole Logs (North Platte T44-P41-13HC API No. 05-123-42483-00)

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	1,623	648	0	1,623	CALC
1ST	8+3/4	5+1/2	17	0	11,127	1,737	0	11,127	CBL

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	3,440	3,698	NO	NO	Sussex & Shannon are not present due to the formation pinching out to the west of BCEI acreage.
SHARON SPRINGS	6,229	6,402	NO	NO	
NIOBRARA	6,403		NO	NO	

Comment:

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

Signed: _____

Print Name: Ashley Danowski

Title: Geology Technician

Date: _____

Email: adanowski@bonanzacrk.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
401031506	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
401031508	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>					
401031501	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401031503	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401031504	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401031505	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401031509	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401035011	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)