

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



DE ET OE ES

Document Number:
401043388

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 05-123-42697-00 County: WELD
Well Name: State Antelope Well Number: O34-21-16XRLNB
Location: QtrQtr: SESW Section: 21 Township: 5N Range: 62W Meridian: 6
Footage at surface: Distance: 369 feet Direction: FSL Distance: 1817 feet Direction: FWL
As Drilled Latitude: 40.378960 As Drilled Longitude: -104.331660

GPS Data:
Date of Measurement: 04/07/2016 PDOP Reading: 1.8 GPS Instrument Operator's Name: Marc Mayer

** If directional footage at Top of Prod. Zone Dist.: 631 feet. Direction: FSL Dist.: 2170 feet. Direction: FEL
Sec: 21 Twp: 5N Rng: 62W
** If directional footage at Bottom Hole Dist.: 477 feet. Direction: FNL Dist.: 2580 feet. Direction: FEL
Sec: 16 Twp: 5N Rng: 62W

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

Spud Date: (when the 1st bit hit the dirt) 02/27/2016 Date TD: 03/12/2016 Date Casing Set or D&A: 03/14/2016
Rig Release Date: 03/15/2016 Per Rule 308A.b.

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

Total Depth MD 16170 TVD** 6306 Plug Back Total Depth MD 16170 TVD** 6306

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

List Electric Logs Run:
GR log, Mud Log and CBL. Open Hole: State Antelope K21-O24-28HNC (API No. 05-123-41984-00)

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	1,626	688	0	1,626	CALC
1ST	8+3/4	5+1/2	17	0	16,165	2,555	0	16,165	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	3,426	3,650	NO	NO	Sussex & Shannon are not present due to the formations pinching out to the west of BCEI acreage.
SHARON SPRINGS	6,311	6,510	NO	NO	
NIOBRARA	6,511		NO	NO	

Comment:

Open Hole logs were ran on this pad in 2015. The well was the State Antelope K21-O24-28HNC (API No. 05-123-41984-00).

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 ?	
Attachment Checklist			
401043571	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401043570	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			
401043557	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401043559	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401043560	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401043561	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401043563	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401043569	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)