

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:
401138604

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 05-123-41614-00 County: WELD
 Well Name: State Seventy Holes Well Number: J-18
 Location: QtrQtr: SESW Section: 18 Township: 4N Range: 62W Meridian: 6
 Footage at surface: Distance: 610 feet Direction: FSL Distance: 1455 feet Direction: FWL
 As Drilled Latitude: 40.306862 As Drilled Longitude: -104.371347

GPS Data:
 Date of Measurement: 11/08/2016 PDOP Reading: 1.2 GPS Instrument Operator's Name: Craig Sutter

** If directional footage at Top of Prod. Zone Dist.: 621 feet. Direction: FSL Dist.: 1476 feet. Direction: FWL
 Sec: 18 Twp: 4N Rng: 62W
 ** If directional footage at Bottom Hole Dist.: 621 feet. Direction: FSL Dist.: 1476 feet. Direction: FWL
 Sec: 18 Twp: 4N Rng: 62W

Field Name: WATTENBERG Field Number: 90750
 Federal, Indian or State Lease Number: OG 1026.9

Spud Date: (when the 1st bit hit the dirt) 09/26/2016 Date TD: 09/28/2016 Date Casing Set or D&A: 09/29/2016
 Rig Release Date: 09/30/2016 Per Rule 308A.b.

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

Total Depth MD 6800 TVD** 6799 Plug Back Total Depth MD 6800 TVD** 6799
 Elevations GR 4564 KB 4578 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, Triple Combo, Spectral Gamma Ray, Compensated Neutron, Induction and Caliper.

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	1,475	707	0	1,465	CALC
1ST	8+3/4	7	26	0	6,800	755	0	6,800	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	3,370	6,033	NO	NO	
SHARON SPRINGS	6,034	6,183	NO	NO	
NIOBRARA	6,184	6,427	NO	NO	
FORT HAYS	6,428	6,452	NO	NO	
CODELL	6,453	6,461	NO	NO	
CARLILE	6,462		NO	NO	

Comment:

No mudloggers were used when drilling this well, State Seventy Holes J-18 (05-123-41614-00), so we do not have a mud log. Open Hole logs were ran and contain the Gamma Ray (GR) log. Instead of sending individual .las files for each open hole log ran, the Service Company sent one .las file with all of the individual log information on.

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@bonanzackr.com _____

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401138702	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" 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			
401138678	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401138679	LAS-COMBINATION OPEN HOLE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401138688	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401138700	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401138748	PDF-CALIPER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401138750	PDF-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401138751	PDF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401138752	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401152375	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401152376	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)