

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:
401640048

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: Brian Dodek
 Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY Phone: (720) 2256653
 Address: 410 17TH STREET SUITE #1400 Fax: _____
 City: DENVER State: CO Zip: 80202

API Number 05-123-44114-00 County: WELD
 Well Name: State Pronghorn Well Number: W42-29-30XRLNB
 Location: QtrQtr: SWNW Section: 28 Township: 5N Range: 61W Meridian: 6
 Footage at surface: Distance: 1378 feet Direction: FNL Distance: 548 feet Direction: FWL
 As Drilled Latitude: 40.375357 As Drilled Longitude: -104.221654

GPS Data:
 Date of Measurement: 04/26/2018 PDOP Reading: 1.4 GPS Instrument Operator's Name: Dave Fehringer

** If directional footage at Top of Prod. Zone Dist.: 2361 feet. Direction: FNL Dist.: 535 feet. Direction: FEL
 Sec: 29 Twp: 5N Rng: 61W
 ** If directional footage at Bottom Hole Dist.: 2309 feet. Direction: FNL Dist.: 475 feet. Direction: FWL
 Sec: 30 Twp: 5N Rng: 61W

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

Spud Date: (when the 1st bit hit the dirt) 02/23/2018 Date TD: 03/20/2018 Date Casing Set or D&A: 02/24/2018
 Rig Release Date: 03/22/2018 Per Rule 308A.b.

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

Total Depth MD 16224 TVD** 6108 Plug Back Total Depth MD 16170 TVD** 6109
 Elevations GR 4618 KB 4635 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, MUD, MWD, (IND & GR in API # 123-38633)

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	1,629	744	0	1,629	VISU
1ST	8+1/2	5+1/2	17	0	16,212	2,584	0	16,212	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	3,259				
SHARON SPRINGS	6,015				
NIOBRARA	6,225				

Comment:

TPZ is estimated based on planned shallowest perf, actual TPZ will be submitted on the form 5A. Completions on this well are expected to begin June, 2018.

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

Signed: _____ Print Name: Ariana Solis

Title: Regulatory Analyst Date: _____ Email: asolis@bonanzacrk.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401640244	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401640241	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			
401640390	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401640396	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401640397	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401640401	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401640420	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401640421	LAS-MWD/LWD	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>
		Stamp Upon Approval

Total: 0 comment(s)