

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



DE ET OE ES

Document Number:

401684387

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) 225-6653

Address: 410 17TH STREET SUITE #1400

Fax:

City: DENVER State: CO Zip: 80202

API Number 05-123-46388-00

County: WELD

Well Name: North Platte

Well Number: K21-35-2MRLNC

Location: QtrQtr: SWSE Section: 26 Township: 5N Range: 63W Meridian: 6

Footage at surface: Distance: 500 feet Direction: FSL Distance: 2552 feet Direction: FEL

As Drilled Latitude: 40.364536 As Drilled Longitude: -104.403058

## GPS Data:

Date of Measurement: 05/23/2018 PDOP Reading: 1.5 GPS Instrument Operator's Name: Chad Meiers

\*\* If directional footage at Top of Prod. Zone Dist.: 443 feet. Direction: FNL Dist.: 2499 feet. Direction: FWL

Sec: 35 Twp: 5N Rng: 63W

\*\* If directional footage at Bottom Hole Dist.: 57 feet. Direction: FNL Dist.: 2244 feet. Direction: FEL

Sec: 2 Twp: 4N Rng: 63W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 03/28/2018 Date TD: 04/06/2018 Date Casing Set or D&amp;A: 04/07/2018

Rig Release Date: 05/07/2018 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 11480 TVD\*\* 5753 Plug Back Total Depth MD 11423 TVD\*\* 5753

Elevations GR 4551 KB 4567 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

## List Electric Logs Run:

Mud, CBL, LWD/MWD, Resistivity

## 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	8+5/8	36	0	1,502	698	0	1,502	VISU
1ST	8+1/2	4+5/8	17	0	11,468	1,766	0	11,467	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	3,386				
SHARON SPRINGS	6,155				
NIOBRARA	6,308				

Comment:

TPZ was estimated, actual TPZ will be listed on the form 5A.

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

Signed: \_\_\_\_\_

Print Name: Ashley Noonan

Title: Sr. Regulatory Analyst Date: \_\_\_\_\_ Email: anoonan@progressivepcs.net

### Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
401686070	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
401686067	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>		
401686062	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401686063	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401686079	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401686084	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401686085	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401686086	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401686088	PDF-RESISTIVITY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401686091	LAS-RESISTIVITY	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)