

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&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 ?	
Attachment Checklist			
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"/>
Other Attachments			
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)