

DRILLING COMPLETION REPORT

Document Number:
401678432

Date Received:

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 05-123-46431-00 County: WELD
 Well Name: State North Platte Well Number: U41-35-1XRLNB
 Location: QtrQtr: SWSE Section: 26 Township: 5N Range: 63W Meridian: 6
 Footage at surface: Distance: 620 feet Direction: FSL Distance: 2554 feet Direction: FEL
 As Drilled Latitude: 40.364866 As Drilled Longitude: -104.403063

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.: 478 feet. Direction: FNL Dist.: 358 feet. Direction: FEL
 Sec: 35 Twp: 5N Rng: 63W
 ** If directional footage at Bottom Hole Dist.: 482 feet. Direction: FSL Dist.: 267 feet. Direction: FWL
 Sec: 1 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) 03/24/2018 Date TD: 05/04/2018 Date Casing Set or D&A: 05/06/2018
 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 16809 TVD** 6303 Plug Back Total Depth MD 16755 TVD** 6303
 Elevations GR 4551 KB 4568 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, LWD/MWD, MUD, (DIL in 123-46388)

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	1,502	698	0	1,502	VISU
1ST	8+1/2	5+1/2	17	0	16,798	2,701	0	16,798	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	3,385				
SHARON SPRINGS	6,678				
NIOBRARA	6,913				

Comment:

TPZ was estimated, actual TPZ will be listed on the form 5A.
 No open hole logs ran per rule 317.p. Resistivity log ran on NORTH PLATTE K21-35-2MRLNC (123-46388).

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			
401685018	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401685017	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			
401685011	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401685013	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401685014	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401685016	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401685836	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)