

DRILLING COMPLETION REPORT

Document Number:
401490957

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 05-123-44438-00 County: WELD
 Well Name: North Platte Well Number: 24-21-23HNC
 Location: QtrQtr: NWNW Section: 26 Township: 5N Range: 63W Meridian: 6
 Footage at surface: Distance: 416 feet Direction: FNL Distance: 1080 feet Direction: FWL
 As Drilled Latitude: 40.376348 As Drilled Longitude: -104.408561

GPS Data:
 Date of Measurement: 04/25/2018 PDOP Reading: 1.6 GPS Instrument Operator's Name: Matthew Miller

** If directional footage at Top of Prod. Zone Dist.: 524 feet. Direction: FSL Dist.: 1914 feet. Direction: FWL
 Sec: 23 Twp: 5N Rng: 63W

** If directional footage at Bottom Hole Dist.: 497 feet. Direction: FNL Dist.: 1868 feet. Direction: FWL
 Sec: 23 Twp: 5N Rng: 63W

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

Spud Date: (when the 1st bit hit the dirt) 09/12/2017 Date TD: 10/11/2017 Date Casing Set or D&A: 10/12/2017
 Rig Release Date: 10/26/2017 Per Rule 308A.b.

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

Total Depth MD 11096 TVD** 6435 Plug Back Total Depth MD 11063 TVD** 6440

Elevations GR 4567 KB 4584 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, MUD, LWD, (Resistivity in 123-45097)

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	1,670	1,010	0	1,670	VISU
1ST LINER	8+1/2	5+1/2	17	0	11,096	1,671	0	11,096	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	3,366				
SHARON SPRINGS	6,238				
NIOBRARA	6,424				Sussex Shannon not Present, Formations pinch out to the west of BCEI.

Comment:

CBL: SHL on the cover of the CBL is actually the Target Landing Point.
No Open hole logs ran per rule 317.p. Resistivity log ran on North Platte E14-A11-23HNB (123-45097)

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			
401491071	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401491082	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			
401491016	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401491020	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401491047	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401491049	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401491051	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401491055	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401491057	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401491062	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401491067	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401491069	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401491084	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)