

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:
401870088

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: Kate Miller
 Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY Phone: (720) 440-6133
 Address: 410 17TH STREET SUITE #1400 Fax: _____
 City: DENVER State: CO Zip: 80202

API Number 05-123-46915-00 County: WELD
 Well Name: North Platte Well Number: K21-O24-28HNB
 Location: QtrQtr: NENE Section: 28 Township: 5N Range: 63W Meridian: 6
 Footage at surface: Distance: 271 feet Direction: FNL Distance: 428 feet Direction: FEL
 As Drilled Latitude: 40.376958 As Drilled Longitude: -104.432663

GPS Data:
 Date of Measurement: 10/30/2018 PDOP Reading: 1.2 GPS Instrument Operator's Name: Chad Meiers

** If directional footage at Top of Prod. Zone Dist.: 10 feet. Direction: FNL Dist.: 2308 feet. Direction: FWL
 Sec: 28 Twp: 5N Rng: 63W
 ** If directional footage at Bottom Hole Dist.: 467 feet. Direction: FSL Dist.: 2287 feet. Direction: FWL
 Sec: 28 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) 08/20/2018 Date TD: 10/16/2018 Date Casing Set or D&A: 10/18/2018
 Rig Release Date: 10/18/2018 Per Rule 308A.b.

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

Total Depth MD 12169 TVD** 6284 Plug Back Total Depth MD 12117 TVD** 6284

Elevations GR 4548 KB 4565 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, Mud, MWD/LWD, (Resistivity in 05-123-46914)

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	1,639	720	0	1,636	VISU
1ST	8+1/2	5+1/2	17	0	12,159	1,860	0	12,159	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	3,432				
SHARON SPRINGS	6,820				
NIOBRARA	7,052				

Comment:

TPZ is estimate, actual will be submitted on Form 5A.

No Open Hole Logs run. Per rule 317.p. Resistivity log run on North Platte P-T-28HNC (05-123-46914).

MWD/LWD and Mud Log haave the incorrect Spud Date, correct Spud Date is 8/20/2017.

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

Signed: _____

Print Name: Aubrey Noonan

Title: Regulatory Analyst

Date: _____

Email: ANoonan2@bonanzacrk.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401873656	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" 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			
401873655	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401873661	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401873666	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401873667	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401873668	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401873669	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401873671	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401873675	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401873676	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401873677	LAS-MWD/LWD	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)

