

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



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Document Number:

401884213

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 05-123-43399-00

County: WELD

Well Name: Pronghorn

Well Number: 24-7-6XRLNB

Location: QtrQtr: NENW Section: 18 Township: 5N Range: 61W Meridian: 6

Footage at surface: Distance: 428 feet Direction: FNL Distance: 1445 feet Direction: FWL

As Drilled Latitude: 40.407316 As Drilled Longitude: -104.256718

GPS Data:

Date of Measurement: 12/31/2018 PDOP Reading: 1.6 GPS Instrument Operator's Name: Greg Weimer

** If directional footage at Top of Prod. Zone Dist.: 494 feet. Direction: FSL Dist.: 1911 feet. Direction: FWL

Sec: 7 Twp: 5N Rng: 61W

** If directional footage at Bottom Hole Dist.: 471 feet. Direction: FNL Dist.: 2062 feet. Direction: FWL

Sec: 6 Twp: 5N Rng: 61W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 10/20/2018 Date TD: 11/05/2018 Date Casing Set or D&A: 11/06/2018

Rig Release Date: 11/18/2018 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 16086 TVD** 6088 Plug Back Total Depth MD 16029 TVD** 6088

Elevations GR 4565 KB 4582 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

MUD, CBL, LWD/MWD, (DIL in 123-38973)

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	1,604	765	0	1,604	VISU
1ST	8+1/2	5+1/2	17	0	16,076	2,534	1,525	16,086	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	3,182				
SHARON SPRINGS	5,954				
NIOBRARA	6,501				

Comment:

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

No open hole logs ran per rule 317.p DIL log ran on Pronghorn 11-14-18HNB (123-38973).

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 ?
<u>Attachment Checklist</u>		
401884280	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
401922253	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>		
401884302	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401884307	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401884315	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401884316	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401884318	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401884320	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401922252	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)

