

FORM
5Rev
10/14State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

402171382

Date Received:

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and/or cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type ☒ Final completion ☐ Preliminary completion

OGCC Operator Number: 8960

Contact Name: Kate Miller

Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY

Phone: (720) 4406116

Address: 410 17TH STREET SUITE #1400

Fax:

City: DENVER

State: CO

Zip: 80202

Email: regulatory@bonanzacrk.com

API Number 05-123-49908-00

County: WELD

Well Name: Latham

Well Number: 21-24-14HNC

Location: QtrQtr: NENE

Section: 14

Township: 4N

Range: 63W

Meridian: 6

FNL/FSL

FEL/FWL

Footage at surface: Distance: 317 feet

Direction: FNL

Distance: 333 feet

Direction: FEL

As Drilled Latitude: 40.319130

As Drilled Longitude: -104.397060

GPS Data:

Date of Measurement: 05/16/2019

PDOP Reading: 1.7

GPS Instrument Operator's Name: Casey Kohout

FNL/FSL

FEL/FWL

** If directional footage at Top of Prod. Zone

Dist: 260 feet

Direction: FNL

Dist: 1969 feet

Direction: FWL

Sec: 14

Twp: 4N

Rng: 63W

FNL/FSL

FEL/FWL

** If directional footage at Bottom Hole

Dist: 479 feet

Direction: FSL

Dist: 1955 feet

Direction: FWL

Sec: 14

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) 06/07/2019

Date TD: 06/24/2019

Date Casing Set or D&A: 06/25/2019

Rig Release Date: 09/03/2019 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 12495

TVD** 6388

Plug Back Total Depth MD 12462

TVD** 6388

Elevations GR 4604

KB 4621

Digital Copies of ALL Logs must be Attached per Rule 308A

☒

List Electric Logs Run:

CBL, MWD/LWD, (Resistivity 123-49901)

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	1,633	515	0	1,633	VISU
1ST	8+1/2	5+1/2	20	0	12,485	1,810	1,871	12,495	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	3,448				
SHARON SPRINGS	7,215				
NIOBRARA	7,443				

Operator Comments:

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

No open-hole logs were ran on this well. A Resistivity log was ran on Latham K-O-14HNC (05-123- 49901). Approved APD had BMP requiring one well on pad to be logged with open hole resistivity log with gamma ray.

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: regulatory@bonanzacrk.com

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
402227892	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
402185877	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>		
402185875	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402189921	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402209764	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402209768	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402227912	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402227930	PDF-CEMENT BOND	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)

