

FORM
5

Rev
12/20

State 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:

403041286

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: Kamrin Stiver
Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY Phone: (303) 3128532
Address: 410 17TH STREET SUITE #1400 Fax: _____
City: DENVER State: CO Zip: 80202 Email: kstiver@civiresources.com

API Number 05-123-51160-01 County: WELD
Well Name: STATE ANTELOPE Well Number: E14-31-30XRLNB
Location: QtrQtr: SWSE Section: 31 Township: 5N Range: 62W Meridian: 6
FNL/FSL _____ FEL/FWL _____
Footage at surface: Distance: 660 feet Direction: FSL Distance: 2462 feet Direction: FEL
As Drilled Latitude: _____ As Drilled Longitude: _____
GPS Data: GPS Quality Value: _____ Type of GPS Quality Value: _____ Date of Measurement: _____
FNL/FSL _____ FEL/FWL _____
** If directional footage at Top of Prod. Zone Dist: 10 feet Direction: FSL Dist: 426 feet Direction: FWL
Sec: 31 Twp: 5N Rng: 62W
FNL/FSL _____ FEL/FWL _____
** If directional footage at Bottom Hole Dist: 470 feet Direction: FNL Dist: 384 feet Direction: FWL
Sec: 30 Twp: 5N Rng: 62W
Field Name: WATTENBERG Field Number: 90750
Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 01/31/2022 Date TD: 02/22/2022 Date Casing Set or D&A: 02/24/2022
Rig Release Date: 03/08/2022 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 16997 TVD** 6311 Plug Back Total Depth MD 16994 TVD** 6311

Elevations GR 4550 KB 4574 Digital Copies of ALL Logs must be Attached

List All Logs Run:

CBL, MWD, (RESISTIVITY 123-51159)

FLUID VOLUMES USED IN DRILLING OPERATIONS

(Enter "0" if a type of a fluid was not used. Do not leave blank.)

Total Fluids (bbls): 4340 Fresh Water (bbls): 910

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 2031

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Grade	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top	Status
CONDUCTOR	24	16	A52B	42	0	80	100	80	0	VISU
SURF	13+1/2	9+5/8	J55	36	0	1717	650	1717	0	VISU
1ST	8+1/2	5+1/2	P110	17	0	16994	2670	16994	351	CBL

Bradenhead Pressure Action Threshold 515 psig

This threshold is calculated per Rule 308A.b.(2)G. If this well is located in a bradenhead test area (see Rule 207.b) per an Order of the Commission, it may be subject to a different threshold.

Does the casing centralization comply with Rule 317.g? Yes

If "NO", provide details below.

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	3,628		NO	NO	
SUSSEX	4,379		NO	NO	
SHANNON	5,028		NO	NO	
SHARON SPRINGS	6,793		NO	NO	
NIOBRARA	6,856		NO	NO	

Operator Comments:

The TPZ footages are estimates calculated through Directional Plotting Software—from where the production string (5 ½" casing) crosses the 460' setback hardline. The actual footages will be submitted with the Form 5A.
 Alternative Logging Program- No open hole resistivity log with gamma ray was run on this well per rule 317.p. A resistivity log was run on State Antelope O24-K21-31HNC (123-51159)

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

Signed: _____

Print Name: Kamrin Stiver

Title: Drilling Technician

Date: _____

Email: kstiver@civresources.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
403041292	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
403041291	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>			
403041287	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403041288	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403041289	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403041290	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)