

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:

403286488

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 05-123-51727-00 County: WELD
Well Name: State Antelope Well Number: V-B-3HN
Location: QtrQtr: SWNW Section: 2 Township: 5N Range: 62W Meridian: 6
FNL/FSL _____ FEL/FWL _____
Footage at surface: Distance: 1708 feet Direction: FNL Distance: 333 feet Direction: FWL
As Drilled Latitude: 40.432080 As Drilled Longitude: -104.298840
GPS Data: GPS Quality Value: 1.1 Type of GPS Quality Value: PDOP Date of Measurement: 10/05/2022

FNL/FSL _____ FEL/FWL _____
** If directional footage at Top of Prod. Zone Dist: 1377 feet Direction: FNL Dist: 200 feet Direction: FWL
Sec: 2 Twp: 5N Rng: 62W

FNL/FSL _____ FEL/FWL _____
** If directional footage at Bottom Hole Dist: 1356 feet Direction: FNL Dist: 300 feet Direction: FWL
Sec: 3 Twp: 5N Rng: 62W

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: OG-108513

Spud Date: (when the 1st bit hit the dirt) 09/01/2022 Date TD: 11/08/2022 Date Casing Set or D&A: 11/09/2022

Rig Release Date: 11/16/2022 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 11671 TVD** 6280 Plug Back Total Depth MD _____ TVD** 6280

Elevations GR 4645 KB 4670 Digital Copies of ALL Logs must be Attached

List All Logs Run:

CBL, MWD, (RES 123-51731)

FLUID VOLUMES USED IN DRILLING OPERATIONS

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

Total Fluids (bbls): 3289 Fresh Water (bbls): 711

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 2211

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	26	16	A53B	52	0	124	100	124	0	VISU
SURF	13+1/2	9+5/8	J55	36	0	1648	659	1648	0	VISU
1ST	8+1/2	5+1/2	P110	20	0	11657	1890	11657	0	CBL

Bradenhead Pressure Action Threshold 494 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	3,352		NO	NO	
SUSSEX	4,084		NO	NO	
SHANNON	4,520		NO	NO	
SHARON SPRINGS	6,079		NO	NO	
NIOBRARA	6,238		NO	NO	

Operator Comments:

The TPZ footages are estimates calculated through Directional Plotting Software—from where the production string (5 1/2" 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 43-13-3HN (123-51731)

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 ?	
Attachment Checklist			
403290155	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
403290157	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			
403290151	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403290152	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403290153	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403290154	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)