

**FORM
5**Rev
02/08State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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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.

Document Number:

2554432

Completion Type ☒ Final completion ☐ Preliminary completion

1. OGCC Operator Number: 8960 4. Contact Name: KERRY MCCOWEN
2. Name of Operator: BONANZA CREEK ENERGY OPERATING COMPAN Phone: (720) 279-2330
3. Address: P O BOX 21974 Fax: (720) 279-2331
City: BAKERSFIELD State: CA Zip: 93390

5. API Number 05-123-30515-00 6. County: WELD
7. Well Name: NORTH PLATTE Well Number: 24A
8. Location: QtrQtr: NWNW Section: 24 Township: 5N Range: 63W Meridian: 6
Footage at surface: Distance: 1320 feet Direction: FNL Distance: 1320 feet Direction: FWL
As Drilled Latitude: 40.388390 As Drilled Longitude: -104.389360

GPS Data:

Data of Measurement: 05/16/2010 PDOP Reading: 2.9 GPS Instrument Operator's Name: LARRY ROBBINS

** If directional footage

at Top of Prod. Zone Distance: _____ feet Direction: _____ Distance: _____ feet Direction: _____
Sec: _____ Twp: _____ Rng: _____
at Bottom Hole Distance: _____ feet Direction: _____ Distance: _____ feet Direction: _____
Sec: _____ Twp: _____ Rng: _____

9. Field Name: WATTENBERG 10. Field Number: 90750

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 04/20/2010 13. Date TD: 04/22/2010 14. Date Casing Set or D&A: 04/24/2010

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 6725 TVD _____ 17 Plug Back Total Depth MD 6671 TVD _____18. Elevations GR 4598 KB 4608

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

CBL, GR, CD, CN, DI

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8		0	412	300	0	412	CALC
1ST	7+7/8	4+1/2		0	6,719	254	2,730	6,719	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PARKMAN	3,331		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,065		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,268		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,504		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,528		<input type="checkbox"/>	<input type="checkbox"/>	

Comment: _____

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

Signed: _____ Print Name: KERRY MCCOWEN

Title: VP OPERATIONS RM Date: 5/21/2010 Email: KAM@BONANZACRK.COM

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: *David S. Nash* Director of COGCC Date: 2/23/2011

Attachment Check List

Att Doc Num	Name
2071993	CEMENT JOB SUMMARY
2554432	FORM 5 SUBMITTED

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Rec Cmt Tkts	11/10/2010 7:29:35 AM
Permit	requested cmt tkts	11/2/2010 2:58:02 PM

Total: 2 comment(s)