

FORM
5Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

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



DE ET OE ES

Document Number:

2588843

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

1. OGCC Operator Number: 8960

4. Contact Name: KERRY MCCOWEN

2. Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY

Phone: (720) 440-6100

3. Address: P O BOX 21974

Fax: (720) 279-2331

City: BAKERSFIELD State: CA Zip: 93390

5. API Number 05-123-33369-00

6. County: WELD

7. Well Name: North Platte

Well Number: 34-33

8. Location: QtrQtr: Lot 1 Section: 4 Township: 4N Range: 63W Meridian: 6

Footage at surface: Distance: 475 feet Direction: FNL Distance: 474 feet Direction: FEL

As Drilled Latitude: 40.347410 As Drilled Longitude: -104.434950

GPS Data:

Data of Measurement: 07/25/2011 PDOP Reading: 2.8 GPS Instrument Operator's Name: DAN R. GRIGGS

** If directional footage at Top of Prod. Zone Dist.: 674 feet. Direction: FSL Dist.: 1994 feet. Direction: FEL

Sec: 33 Twp: 5N Rng: 63W

** If directional footage at Bottom Hole Dist.: 674 feet. Direction: FSL Dist.: 1994 feet. Direction: FEL

Sec: 33 Twp: 5N Rng: 63W

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) 06/23/2011 13. Date TD: 06/26/2011 14. Date Casing Set or D&A: 06/27/2011

15. Well Classification:

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

16. Total Depth MD 6910 TVD** 6636 17 Plug Back Total Depth MD 6857 TVD** 6583

18. Elevations GR 4535 KB 4551

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 | 13+1/2 | 8+5/8 | | 0 | 754 | 610 | 0 | 754 | CALC |
| 1ST | 7+7/8 | 4+1/2 | | 0 | 6,885 | 545 | 2,400 | 6,885 | CBL |

STAGE/TOP OUT/REMEDIAL CEMENT

| | | | | | |
|-------------------------|--------|-----------------------------------|---------------|------------|---------------|
| Cement work date: _____ | | | | | |
| Method used | String | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
| | | | | | |
| Details of work: | | | | | |

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 | 3,287 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SUSSEX | 3,924 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 6,223 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CODELL | 6,474 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT HAYS | 6,725 | | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

FORMATION LOG INTERVALS AND TEST ZONES COMMENTS: FORMATIONS ARE TVD

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

Signed: _____ Print Name: KERRY A. MCCOWEN

Title: VP OPERATIONS Date: 9/30/2011 Email: KAM@BONANZACRK.COM

Attachment Check List

| Att Doc Num | Document Name | attached ? | | | |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| 2588845 | CMT Summary * | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| | Core Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| 2588844 | 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 type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| | Other | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| <u>Other Attachments</u> | | | | | |
| 2588843 | FORM 5 SUBMITTED | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |

General Comments

User Group Comment Comment Date

| | | |
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| | | |
|--|--|--|

Total: 0 comment(s)