

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:

2286259

Date Received:

12/01/2011

## 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: LESLIE ECKHOFF  
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 05-123-32457-00 6. County: WELD  
7. Well Name: State Whitetail Well Number: 14-11-36HZ  
8. Location: QtrQtr: SWSW Section: 36 Township: 6N Range: 62W Meridian: 6  
Footage at surface: Distance: 682 feet Direction: FSL Distance: 505 feet Direction: FWL  
As Drilled Latitude: 40.439170 As Drilled Longitude: -104.279110

## GPS Data:

Data of Measurement: 12/05/2010 PDOP Reading: 2.9 GPS Instrument Operator's Name: LARRY ROBBINS

\*\* If directional footage at Top of Prod. Zone Dist.: 1167 feet. Direction: FSL Dist.: 513 feet. Direction: FWL

Sec: 36 Twp: 6N Rng: 62W

\*\* If directional footage at Bottom Hole Dist.: 500 feet. Direction: FNL Dist.: 532 feet. Direction: FWL

Sec: 36 Twp: 6N Rng: 62W

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) 11/15/2010 13. Date TD: 10/16/2011 14. Date Casing Set or D&amp;A: 10/16/2011

## 15. Well Classification:

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

16. Total Depth MD 10127 TVD\*\* 6227 17 Plug Back Total Depth MD 10127 TVD\*\* 6227

18. Elevations GR 4680 KB 4692

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, MUDLOG, GR BY LWD (PRESENTED ON MUDLOG), RESISTIVITY BY LWD (PRESENTED ON MUDLOG)

## 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	9+5/8		0	441	280	0	441	CALC
1ST	8+3/4	7		0	6,679	560	100	6,679	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	
SHARON SPRINGS	6,015		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,125		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORMATION LOG INTERVALS AND TEST ZONES COMMENTS: FORMATIONS ARE TVD

FORMATION LOG INTERVALS AND TEST ZONES COMMENTS: FORMATION NAME: NIOBRARA B MEASURED DEPTH TOP: 6215'.

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

Signed: \_\_\_\_\_ Print Name: STEPHEN R. WOLFE

Title: SR PRODUCTION ENG Date: 11/22/2011 Email: SWOLFE@BONANZACRK.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2286261	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2286260	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>					
2286259	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)