

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:

400267651

Date Received:

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: Bryan Brown

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 05-123-34057-00

6. County: WELD

7. Well Name: Wetco Farms

Well Number: L-04

8. Location: QtrQtr: Lot 2 Section: 4 Township: 4N Range: 63W Meridian: 6

Footage at surface: Distance: 1320 feet Direction: FNL Distance: 2646 feet Direction: FWL

As Drilled Latitude: 40.345080 As Drilled Longitude: -104.442850

GPS Data:

Data of Measurement: 04/17/2012 PDOP Reading: 1.1 GPS Instrument Operator's Name: Adam Kelly

** If directional footage at Top of Prod. Zone Dist.: 1320 feet. Direction: FNL Dist.: 2646 feet. Direction: FWL

Sec: 4 Twp: 4n Rng: 63w

** If directional footage at Bottom Hole Dist.: 1320 feet. Direction: FNL Dist.: 2646 feet. Direction: FWL

Sec: 4 Twp: 4n 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) 03/12/2012 13. Date TD: 03/17/2012 14. Date Casing Set or D&A: 03/18/2012

15. Well Classification:

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

16. Total Depth MD 6677 TVD** 6677 17 Plug Back Total Depth MD 6663 TVD** 6663

18. Elevations GR 4565 KB 4591

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, GAMMA RAY, HRI, CDL, CNL

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	24	0	782	550	0	782	CALC
1ST	7+7/8	4+1/2	11.6	0	6,663	450	1,700	6,677	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	6,150		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,256		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,480		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,505		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

no directional plans this is a vertical hole.

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

Signed: _____ Print Name: Bryan Brown

Title: Drilling EIT Date: _____ Email: bbrown@bonanzacrk.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400275666	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" 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>					
400267656	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400275659	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400275660	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)