

FORM
5
Rev
02/08

State of Colorado
Oil and Gas Conservation Commission
1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:
400285490

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 05-123-35118-00 6. County: WELD
 7. Well Name: Pronghorn Well Number: 11-14-12HZ
 8. Location: QtrQtr: NWNW Section: 12 Township: 5N Range: 61W Meridian: 6
 Footage at surface: Distance: 200 feet Direction: FNL Distance: 448 feet Direction: FWL
 As Drilled Latitude: 40.422690 As Drilled Longitude: -104.164210

GPS Data:
 Date of Measurement: 04/26/2012 PDOP Reading: 2.5 GPS Instrument Operator's Name: Adam Kelly

** If directional footage at Top of Prod. Zone Dist.: 460 feet. Direction: FNL Dist.: 460 feet. Direction: FWL

Sec: 12 Twp: 5n Rng: 61w

** If directional footage at Bottom Hole Dist.: 460 feet. Direction: FSL Dist.: 660 feet. Direction: FWL

Sec: 12 Twp: 5n Rng: 61w

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) 03/28/2012 13. Date TD: 04/09/2012 14. Date Casing Set or D&A: 04/14/2012

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 10707 TVD** 6045 17 Plug Back Total Depth MD 10707 TVD** 6045

18. Elevations GR 4649 KB 4664 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

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	9+5/8	36	0	484	286	0	484	CALC
1ST	8+3/4	7	26/23	0	6,384	415	2,830	6,384	CBL
1ST LINER	6+1/8	4+1/2	11.6	5402	10,707				

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	
			<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: Bryan Brown

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

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400285581	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400285580	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			
400285566	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400285579	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400285586	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)