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Document Number:  
400298190

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: 410 17TH STREET SUITE #1400 Fax: (720) 279-2331  
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-33565-00 6. County: WELD  
 7. Well Name: Wetco Farms Well Number: I-4  
 8. Location: QtrQtr: NESW Section: 4 Township: 4N Range: 63W Meridian: 6  
 Footage at surface: Distance: 1561 feet Direction: FSL Distance: 2558 feet Direction: FWL  
 As Drilled Latitude: 40.338100 As Drilled Longitude: -104.443320

GPS Data:  
 Date of Measurement: 06/21/2012 PDOP Reading: 1.2 GPS Instrument Operator's Name: WYATT HALL

\*\* If directional footage at Top of Prod. Zone Dist.: 1170 feet. Direction: FSL Dist.: 1320 feet. Direction: FWL  
 Sec: 4 Twp: 4N Rng: 63W  
 \*\* If directional footage at Bottom Hole Dist.: 1170 feet. Direction: FSL Dist.: 1320 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) 05/05/2012 13. Date TD: 05/08/2012 14. Date Casing Set or D&A: 05/09/2012

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

16. Total Depth MD 6845 TVD\*\* 6680 17 Plug Back Total Depth MD 6835 TVD\*\* 6670

18. Elevations GR 4606 KB 4619 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:

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	739	314	0	739	CALC
1ST	7+7/8	4+1/2	11.6	0	6,835	605	2,880	6,845	VISU

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/perf 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:

NO OPEN HOLE LOGS

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 ?	
<b>Attachment Checklist</b>			
400305517	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400305511	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"/>
<b>Other Attachments</b>			
400305506	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400305510	DIRECTIONAL DATA	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)