

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



DE ET OE ES

Document Number:

400317322

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
2. Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY
3. Address: 410 17TH STREET SUITE #1400
City: DENVER State: CO Zip: 80202
4. Contact Name: Bryan Brown
Phone: (720) 440-6100
Fax: (720) 279-2331

5. API Number 05-123-35394-00
6. County: WELD
7. Well Name: Park Well Number: T-P-4HZ
8. Location: QtrQtr: SESE Section: 4 Township: 4N Range: 63W Meridian: 6
Footage at surface: Distance: 222 feet Direction: FSL Distance: 1199 feet Direction: FEL
As Drilled Latitude: 40.334450 As Drilled Longitude: -104.438160

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.: 574 feet. Direction: FSL Dist.: 1382 feet. Direction: FEL
Sec: 4 Twp: 4n Rng: 63w
** If directional footage at Bottom Hole Dist.: 4923 feet. Direction: FSL Dist.: 1646 feet. Direction: FEL
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) 04/22/2012 13. Date TD: 05/01/2012 14. Date Casing Set or D&A: 05/04/2012

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

16. Total Depth MD 11120 TVD** 6399 17 Plug Back Total Depth MD 11120 TVD** 6399

18. Elevations GR 4625 KB 4640
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	731	315	0	731	CALC
1ST	8+3/4	7	23/26	0	6,726	470	2,400	6,726	CBL
1ST LINER	6+1/8	4+1/2	11.6	5771	11,120				

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	
NIOBRARA	6,399		<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 ?	
<u>Attachment Checklist</u>			
400317385	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400317390	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"/>
	<u>Other Attachments</u>		
400317382	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400317384	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400317387	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)