

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:

400413199

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: Olga Chikaloff  
Phone: (720) 440-12600  
Fax: (720) 279-2331

5. API Number 05-123-36416-00  
6. County: WELD  
7. Well Name: Pronghorn Well Number: F-J-15HNB  
8. Location: QtrQtr: NWNW Section: 15 Township: 5N Range: 62W Meridian: 6  
Footage at surface: Distance: 410 feet Direction: FNL Distance: 1186 feet Direction: FWL  
As Drilled Latitude: 40.406060 As Drilled Longitude: -104.314660

GPS Data:

Data of Measurement: 05/21/2013 PDOP Reading: 1.7 GPS Instrument Operator's Name: Brian Rottinghaus

\*\* If directional footage at Top of Prod. Zone Dist.: 749 feet. Direction: FNL Dist.: 1314 feet. Direction: FWL  
Sec: 15 Twp: 5n Rng: 61w

\*\* If directional footage at Bottom Hole Dist.: 470 feet. Direction: FSL Dist.: 1320 feet. Direction: FWL  
Sec: 15 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) 03/13/2013 13. Date TD: 03/21/2013 14. Date Casing Set or D&A: 03/22/2013

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 10722 TVD\*\* 6094 17 Plug Back Total Depth MD 10722 TVD\*\* 6094

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:

mud cbl

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	455	380	0	455	CALC
1ST	8+3/4	7	26	0	6,550	716	150	6,550	
1ST LINER	6+1/8	4+1/2	11.6	6470	10,687				

**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	
SHARON SPRINGS	5,919		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,131		<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: Olga Chikaloff

Title: Engineering Technician Date: \_\_\_\_\_ Email: ochikaloff@bonanzack.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b><u>Attachment Checklist</u></b>			
400428035	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"/>
<b><u>Other Attachments</u></b>			
400428022	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400428024	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400428032	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400428040	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400428041	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400428436	LAS-MUD	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)