

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:

400428452

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) 440-1600  
Fax: (720) 279-2331

5. API Number 05-123-37062-00  
6. County: WELD  
7. Well Name: North Platte Well Number: K-O-13HNC  
8. Location: QtrQtr: NWNW Section: 13 Township: 5N Range: 63W Meridian: 6  
Footage at surface: Distance: 595 feet Direction: FNL Distance: 1228 feet Direction: FWL  
As Drilled Latitude: 40.405000 As Drilled Longitude: -104.389880

GPS Data:  
Date of Measurement: 06/20/2013 PDOP Reading: 2.0 GPS Instrument Operator's Name: Wyattte Hall

\*\* If directional footage at Top of Prod. Zone Dist.: 819 feet. Direction: FNL Dist.: 2617 feet. Direction: FWL  
Sec: 13 Twp: 5N Rng: 63W  
\*\* If directional footage at Bottom Hole Dist.: 471 feet. Direction: FSL Dist.: 2659 feet. Direction: FEL  
Sec: 13 Twp: 5N 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) 05/15/2013 13. Date TD: 05/26/2013 14. Date Casing Set or D&A: 05/27/2013

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

16. Total Depth MD 11275 TVD\*\* 6442 17 Plug Back Total Depth MD 11275 TVD\*\* 6442

18. Elevations GR 4630 KB 4642  
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, MUD

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	470	410	0	470	CALC
1ST	8+3/4	7	26	0	7,095	1,133	150	7,095	CBL
1ST LINER	6+1/8	4+1/2	11.6	6873	11,275				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	
SHARON SPRINGS	6,457		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,627		<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>			
400428483	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400452802	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><u>Other Attachments</u></b>			
400428455	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400428456	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400428459	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400428461	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400452799	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)