

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:

400523115

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: Brandon Dykes
Phone: (720) 440-6111
Fax: (720) 279-2331

5. API Number 05-123-37700-00
6. County: WELD
7. Well Name: North Platte Federal Well Number: K-O-22HNB
8. Location: QtrQtr: NWNE Section: 22 Township: 5N Range: 63W Meridian: 6
Footage at surface: Distance: 323 feet Direction: FNL Distance: 2562 feet Direction: FEL
As Drilled Latitude: 40.391230 As Drilled Longitude: -104.421930

GPS Data:

Date of Measurement: 11/15/2013 PDOP Reading: 2.2 GPS Instrument Operator's Name: Mark Angell

** If directional footage at Top of Prod. Zone Dist.: 748 feet. Direction: FNL Dist.: 2561 feet. Direction: FEL

Sec: 22 Twp: 5N Rng: 63W

** If directional footage at Bottom Hole Dist.: 480 feet. Direction: FSL Dist.: 2632 feet. Direction: FEL

Sec: 22 Twp: 5N Rng: 63W

9. Field Name: WATTENBERG 10. Field Number: 90750

11. Federal, Indian or State Lease Number: 63737

12. Spud Date: (when the 1st bit hit the dirt) 10/15/2013 13. Date TD: 10/22/2013 14. Date Casing Set or D&A: 10/23/2013

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 11045 TVD** 6465 17 Plug Back Total Depth MD 11045 TVD** 6465

18. Elevations GR 4649 KB 4666

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	1,576	526	0	1,576	CALC
1ST	8+3/4	7	26	0	6,873	798	726	6,889	CBL
1ST LINER	6+1/8	4+1/2	11.6	6567	11,045				

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	6,260		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,380		<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: Brandon Dykes

Title: Drilling Engineering Tech Date: _____ Email: bdykes@bonanzacrk.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400530061	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400530072	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>			
400523133	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400523135	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400523136	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400523137	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400523138	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400530026	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)