

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.

Document Number:
400546919

Date Received:

Completion Type Final completion Preliminary completion

1. OGCC Operator Number: 8960 4. Contact Name: Brandon Dykes
 2. Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY Phone: (720) 440-6111
 3. Address: 410 17TH STREET SUITE #1400 Fax: (720) 279-2331
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-38265-00 6. County: WELD
 7. Well Name: State North Platte Well Number: P41-T44-26HNB
 8. Location: QtrQtr: NENE Section: 26 Township: 5N Range: 63W Meridian: 6
 Footage at surface: Distance: 818 feet Direction: FNL Distance: 765 feet Direction: FEL
 As Drilled Latitude: 40.375170 As Drilled Longitude: -104.396420

GPS Data:
 Date of Measurement: 01/03/2014 PDOP Reading: 2.0 GPS Instrument Operator's Name: Mark Angell

** If directional footage at Top of Prod. Zone Dist.: 669 feet. Direction: FNL Dist.: 1113 feet. Direction: FEL
 Sec: 26 Twp: 5N Rng: 63W
 ** If directional footage at Bottom Hole Dist.: 481 feet. Direction: FSL Dist.: 1125 feet. Direction: FEL
 Sec: 26 Twp: 5N Rng: 63W

9. Field Name: WATTENBERG 10. Field Number: 90750
 11. Federal, Indian or State Lease Number: OG 2147.12

12. Spud Date: (when the 1st bit hit the dirt) 11/18/2013 13. Date TD: 11/25/2013 14. Date Casing Set or D&A: 11/25/2013

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

16. Total Depth MD 10880 TVD** 6334 17 Plug Back Total Depth MD 10880 TVD** 6334

18. Elevations GR 4562 KB 4577
 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	480	280	0	480	CALC
1ST	8+3/4	7	26	0	6,780	803	0	6,779	CBL
1ST LINER	6+1/8	4+1/2	11.6	6559	10,880				

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	6,247		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,451		<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>			
400547102	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400547080	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>			
400547010	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400547021	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400547023	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400547079	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)