

FORM
5Rev
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:

400597971

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

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 05-123-38606-00

6. County: WELD

7. Well Name: Park

Well Number: T-P-4HC

8. Location: QtrQtr: SESE Section: 4 Township: 4N Range: 63W Meridian: 6

Footage at surface: Distance: 439 feet Direction: FSL Distance: 1055 feet Direction: FEL

As Drilled Latitude: 40.335050 As Drilled Longitude: -104.437610

GPS Data:

Data of Measurement: 04/24/2014 PDOP Reading: 2.4 GPS Instrument Operator's Name: Brian Rottinghaus

** If directional footage at Top of Prod. Zone Dist.: 618 feet. Direction: FSL Dist.: 997 feet. Direction: FEL

Sec: 4 Twp: 4N Rng: 63W

** If directional footage at Bottom Hole Dist.: 470 feet. Direction: FNL Dist.: 1172 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) 03/20/2014 13. Date TD: 03/29/2014 14. Date Casing Set or D&A: 03/30/2014

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 11191 TVD** 6562 17 Plug Back Total Depth MD 11191 TVD** 6562

18. Elevations GR 4615 KB 4632

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	782	710	0	782	CALC
1ST	8+3/4	7	26	0	6,851	917	0	6,851	CBL
1ST LINER	6+1/8	4+1/2	11.6	6713	11,191				

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	6,171		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,336		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,709		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,840		<input type="checkbox"/>	<input type="checkbox"/>	

Comment: _____

Need CMT Summary _____

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Brandon DykesTitle: Drilling Engineering Tech Date: _____ Email: bdykes@bonanzacrk.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400607745	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>					
400598069	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400607758	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400611387	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400611391	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)