

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



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Document Number:

400316814

Date Received:

09/27/2013

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: Stephen Wolfe
 2. Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY Phone: (720) 440-6110
 3. Address: 410 17TH STREET SUITE #1400 Fax: _____
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-12088-00 6. County: WELD
 7. Well Name: FARR Well Number: 2-19
 8. Location: QtrQtr: NWNW Section: 19 Township: 5N Range: 62W Meridian: 6
 Footage at surface: Distance: 990 feet Direction: FNL Distance: 990 feet Direction: FWL
 As Drilled Latitude: 40.388940 As Drilled Longitude: -104.371810

GPS Data:
 Date of Measurement: 08/30/2006 PDOP Reading: 1.7 GPS Instrument Operator's Name: L. Robbins

** If directional footage at Top of Prod. Zone Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____
 Sec: _____ Twp: _____ Rng: _____
 ** If directional footage at Bottom Hole Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____
 Sec: _____ Twp: _____ Rng: _____

9. Field Name: WATTENBERG 10. Field Number: 90750
 11. Federal, Indian or State Lease Number: 68371

12. Spud Date: (when the 1st bit hit the dirt) 11/05/1984 13. Date TD: 11/10/1984 14. Date Casing Set or D&A: _____

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

16. Total Depth MD 6483 TVD** 6483 17 Plug Back Total Depth MD 6630 TVD** 6630

18. Elevations GR 4601 KB 4606 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

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	12+1/4	8+5/8	24	0	232	200	0	232	CALC
1ST	7+7/8	4+1/2	11.6	0	6,714	355	5,500	6,714	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: <u>08/16/2012</u>					
Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	3,475	355	2,026	3,485
SQUEEZE	1ST	3,475	15	2,026	3,485

Details of work:

Bad csg found 2316'-3339'. Cut casing below holes and pull, run in new casing w/ patch and engage old casing, pull test and land casing. Shot 2 squeeze holes at 3475', set cement retainer, circ cmt to surface, drill out retainer/cement, run CBL from 3550' to surface, top of good cement found at 2026', p-test failed, squeeze holes leaking, spot cement at squeeze holes and push 1 bbl of cement into holes. Drill out cement and p-test casing to 1000 psi and held with no leakoff. Run tbq. RTP.

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	
PARKMAN	3,390		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,214		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,260		<input type="checkbox"/>	<input type="checkbox"/>	
TIMPAS	6,498		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,518		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	6,583		<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: Stephen

Title: Wolfe Date: 9/27/2013 Email: swolfe@bonanzacr.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400487089	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"/>
Other Attachments			
400316814	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400487033	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400487034	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)