

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:
400665319

Date Received:

Completion Type Final completion Preliminary completion

1. OGCC Operator Number: 8960 4. Contact Name: Olga Chikaloff
 2. Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY Phone: (720) 440-1600
 3. Address: 410 17TH STREET SUITE #1400 Fax: (720) 279-2331
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-38881-00 6. County: WELD
 7. Well Name: State Seventy Holes Well Number: F-J-3HNB
 8. Location: QtrQtr: NWNW Section: 3 Township: 4N Range: 62W Meridian: 6
 Footage at surface: Distance: 383 feet Direction: FNL Distance: 635 feet Direction: FWL
 As Drilled Latitude: 40.347820 As Drilled Longitude: -104.319730

GPS Data:
Date of Measurement: 04/24/2014 PDOP Reading: 2.2 GPS Instrument Operator's Name: Brian Rottinghaus

** If directional footage at Top of Prod. Zone Dist.: 497 feet. Direction: FNL Dist.: 1368 feet. Direction: FWL
 Sec: 3 Twp: 4N Rng: 62W
 ** If directional footage at Bottom Hole Dist.: 470 feet. Direction: FSL Dist.: 1317 feet. Direction: FWL
 Sec: 3 Twp: 4N Rng: 62W

9. Field Name: WILDCAT 10. Field Number: 99999
 11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 03/30/2014 13. Date TD: 04/07/2014 14. Date Casing Set or D&A: 04/08/2014

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

16. Total Depth MD 10837 TVD** 6131 17 Plug Back Total Depth MD 10837 TVD** 6131

18. Elevations GR 4533 KB 4550 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	427	240	0	427	CALC
1ST	8+3/4	7	26	0	6,552	757	0	6,552	CBL
1ST LINER	6+1/8	4+1/2	11.6	6415	10,837				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	6,089		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,283		<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 ?	
<u>Attachment Checklist</u>			
400667677	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400668091	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>			
400665423	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400665428	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400668089	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400668099	PDF-CEMENT BOND	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)