

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:
400668112

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: 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 05-123-39393-00 6. County: WELD
 7. Well Name: Pronghorn Well Number: 21-24-17HNB
 8. Location: QtrQtr: NWNW Section: 17 Township: 5N Range: 61W Meridian: 6
 Footage at surface: Distance: 350 feet Direction: FNL Distance: 1186 feet Direction: FWL
 As Drilled Latitude: 40.407550 As Drilled Longitude: -104.238630

GPS Data:
Date of Measurement: 08/07/2014 PDOP Reading: 2.4 GPS Instrument Operator's Name: Wyatt Hall

** If directional footage at Top of Prod. Zone Dist.: 468 feet. Direction: FNL Dist.: 1989 feet. Direction: FWL
 Sec: 17 Twp: 5N Rng: 61W

** If directional footage at Bottom Hole Dist.: 470 feet. Direction: FSL Dist.: 2004 feet. Direction: FWL
 Sec: 17 Twp: 5N Rng: 61W

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) 06/15/2014 13. Date TD: 06/22/2014 14. Date Casing Set or D&A: 06/24/2014

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

16. Total Depth MD 10940 TVD** 6077 17 Plug Back Total Depth MD 10940 TVD** 6077

18. Elevations GR 4592 KB 4609 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	466	326	0	466	CALC
1ST	8+3/4	7	26	0	6,580	815	150	6,580	CBL
1ST LINER	6+1/8	4+1/2	11.6	6329	10,940				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	6,012		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,196		<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>			
400670093	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"/>
<u>Other Attachments</u>			
400668115	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400668116	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400668117	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400674476	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400676116	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)