

FORM
5Rev
09/14

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:

400707497

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

OGCC Operator Number: 8960

Contact Name: Olga Chikaloff

Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY

Phone: (720) 440-1600

Address: 410 17TH STREET SUITE #1400

Fax: (720) 279-2331

City: DENVER State: CO Zip: 80202

API Number 05-123-39064-00

County: WELD

Well Name: State Pronghorn

Well Number: 11-14-16HNB

Location: QtrQtr: NWNW Section: 16 Township: 5N Range: 61W Meridian: 6

Footage at surface: Distance: 350 feet Direction: FNL Distance: 1259 feet Direction: FWL

As Drilled Latitude: 40.407460 As Drilled Longitude: -104.219150

GPS Data:

Date of Measurement: 08/14/2014 PDOP Reading: 1.8 GPS Instrument Operator's Name: Wyatt Hall

** If directional footage at Top of Prod. Zone Dist.: 702 feet. Direction: FNL Dist.: 648 feet. Direction: FWL

Sec: 16 Twp: 5N Rng: 61W

** If directional footage at Bottom Hole Dist.: 470 feet. Direction: FSL Dist.: 670 feet. Direction: FWL

Sec: 16 Twp: 5N Rng: 61W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 06/29/2014 Date TD: 07/08/2014 Date Casing Set or D&A: 07/09/2014

Rig Release Date: 07/11/2014 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 10758 TVD** 6115 Plug Back Total Depth MD 10758 TVD** 6115

Elevations GR 4642 KB 4659 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

MUD, CBL

CASING, LINER AND CEMENT

| 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 | 471 | 358 | 0 | 471 | CALC |
| 1ST | 8+3/4 | 7 | 26 | 0 | 6,526 | 810 | 0 | 6,526 | CBL |
| 2ND LINER | 6+1/8 | 4+1/2 | 11.6 | 6292 | 10,758 | | | | 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:

FORMATION LOG INTERVALS AND TEST ZONES

| FORMATION NAME | Measured Depth | | Check if applies | | COMMENTS (All DST and Core Analysis must be submitted to COGCC) |
|----------------|----------------|--------|------------------|-------|-----------------------------------------------------------------|
| | Top | Bottom | DST | Cored | |
| SHARON SPRINGS | 6,048 | | NO | NO | |
| NIOBRARA | 6,181 | | NO | NO | |

Comment:

no OH logs on this Pad

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

Signed: _____

Print Name: Olga ChikaloffTitle: Engineering Technician

Date: _____

Email: ochikaloff@bonanzacrk.com

Attachment Check List

| Att Doc Num | Document Name | attached ? |
|-------------|---------------|------------|
|-------------|---------------|------------|

Attachment Checklist

| | | | |
|-----------|-----------------------|-----------------------------------------|----------------------------------------|
| 400707554 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 400710625 | 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"/> |

Other Attachments

| | | | |
|-----------|------------------|-----------------------------------------|-----------------------------|
| 400707533 | PDF-MUD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400707534 | LAS-MUD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400710623 | DIRECTIONAL DATA | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

User GroupCommentComment Date

| | | |
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Total: 0 comment(s)