

**FORM**  
**5**  
Rev  
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



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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 Chikaloff

Title: Engineering Technician Date: \_\_\_\_\_ Email: ochikaloff@bonanzacrk.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b><u>Attachment Checklist</u></b>			
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"/>
<b><u>Other Attachments</u></b>			
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

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)