

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:

400707718

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 05-123-39066-00

County: WELD

Well Name: State Pronghorn

Well Number: A-E-16HNB

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

Footage at surface: Distance: 330 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.: 498 feet. Direction: FNL Dist.: 11 feet. Direction: FWL

Sec: 16 Twp: 5N Rng: 61W

** If directional footage at Bottom Hole Dist.: 470 feet. Direction: FSL Dist.: 10 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) 07/09/2014 Date TD: 07/20/2014 Date Casing Set or D&A: 07/21/2014

Rig Release Date: 07/22/2014 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 10953 TVD** 6121 Plug Back Total Depth MD 10953 TVD** 6121

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	468	326	0	468	CALC
1ST	8+3/4	7	26	0	6,378	835	0	6,378	CBL
1ST LINER	6+1/8	4+1/2	11.6	6268	10,953				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	6,083		NO	NO	
NIOBRARA	6,256		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 Chuikaloff

Title: Engineering Technician

Date: _____

Email: ochikaloff@bonanzacrk.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
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Attachment Checklist

400707827	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

400707815	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400707818	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400710670	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400710672	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)