

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



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Document Number:

400714449

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 05-123-39462-00

County: WELD

Well Name: PRONGHORN

Well Number: K-O-12HNB

Location: QtrQtr: NWNE Section: 12 Township: 5N Range: 61W Meridian: 6

Footage at surface: Distance: 200 feet Direction: FNL Distance: 2671 feet Direction: FEL

As Drilled Latitude: 40.422790 As Drilled Longitude: -104.156190

GPS Data:

Date of Measurement: 10/01/2014 PDOP Reading: 2.8 GPS Instrument Operator's Name: Brian Rottinghaus

** If directional footage at Top of Prod. Zone Dist.: 608 feet. Direction: FNL Dist.: 2665 feet. Direction: FEL

Sec: 12 Twp: 5N Rng: 61W

** If directional footage at Bottom Hole Dist.: 470 feet. Direction: FSL Dist.: 2679 feet. Direction: FWL

Sec: 12 Twp: 5N Rng: 61W

Field Name: NORTH RIVERSIDE

Field Number: 60130

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 07/23/2014 Date TD: 08/04/2014 Date Casing Set or D&A: 08/05/2014

Rig Release Date: 08/06/2014 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 10713 TVD** 6098 Plug Back Total Depth MD 10713 TVD** 6098

Elevations GR 4641 KB 4658 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

MUD, CBL, OH

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	6,433	805	0	6,433	CBL
1ST LINER	6+1/8	4+1/2	11.6	6245	11,713				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	5,883		NO	NO	
NIOBRARA	6,053		NO	NO	

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 ChikaloffTitle: Engineering Technician Date: _____ Email: ochikaloff@bonanzacrk.com

Attachment Check List

Att Doc Num	Document Name	attached ?
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Attachment Checklist

400714823	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400714824	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

400714793	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400714795	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400714818	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400714820	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400714825	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)