

Document Number:
400719266

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 05-123-37499-00 County: WELD
 Well Name: Pronghorn Well Number: 14-11-4HNB
 Location: QtrQtr: SESW Section: 4 Township: 5N Range: 61W Meridian: 6
 Footage at surface: Distance: 370 feet Direction: FSL Distance: 1410 feet Direction: FWL
 As Drilled Latitude: 40.423920 As Drilled Longitude: -104.218610

GPS Data:
 Date of Measurement: 10/23/2014 PDOP Reading: 2.7 GPS Instrument Operator's Name: CHASE MILLER

** If directional footage at Top of Prod. Zone Dist.: 848 feet. Direction: FSL Dist.: 410 feet. Direction: FWL
 Sec: 4 Twp: 5N Rng: 61W
 ** If directional footage at Bottom Hole Dist.: 470 feet. Direction: FNL Dist.: 500 feet. Direction: FWL
 Sec: 4 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) 08/05/2014 Date TD: 08/14/2014 Date Casing Set or D&A: 08/16/2014
 Rig Release Date: 08/16/2014 Per Rule 308A.b.

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

Total Depth MD 10762 TVD** 6123 Plug Back Total Depth MD 10762 TVD** 6123
 Elevations GR 4643 KB 4660 **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	467	326	0	467	CALC
1ST	8+3/4	7	26	0	6,673	745	0	6,673	CBL
1ST LINER	6+1/8	4+1/2	11.6	6450	10,762				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	6,115		NO	NO	
NIOBRARA	6,282		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 Chikaloff

Title: Engineering Technician Date: _____ Email: ochikaloff@bonanzackr.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400720670	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400720413	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"/>
<u>Other Attachments</u>			
400719427	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400720666	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400721351	PDF-CEMENT BOND	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)