

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.

Document Number:
400718987

Date Received:

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 05-123-39520-00 County: WELD

Well Name: North Platte Well Number: E-A-24HNA

Location: QtrQtr: SESW Section: 24 Township: 5N Range: 63W Meridian: 6

Footage at surface: Distance: 461 feet Direction: FSL Distance: 1422 feet Direction: FWL

As Drilled Latitude: 40.378680 As Drilled Longitude: -104.388584

GPS Data:
Date of Measurement: 10/02/2014 PDOP Reading: 1.5 GPS Instrument Operator's Name: Jake Edmunds

** If directional footage at Top of Prod. Zone Dist.: 724 feet. Direction: FSL Dist.: 156 feet. Direction: FWL
Sec: 24 Twp: 5N Rng: 63W

** If directional footage at Bottom Hole Dist.: 469 feet. Direction: FNL Dist.: 172 feet. Direction: FWL
Sec: 24 Twp: 5N Rng: 63W

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: 08/14/2014

Rig Release Date: 08/15/2014 Per Rule 308A.b.

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

Total Depth MD 11081 TVD** 6271 Plug Back Total Depth MD 11081 TVD** 6271

Elevations GR 4568 KB 4585 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, MUD

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	240	0	467	CALC
1ST	8+3/4	7	26	0	6,922	834	0	6,922	CBL
1ST LINER	6+1/8	4+1/2	11.6	6790	11,081				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	6,518		NO	NO	
NIOBRARA	6,869		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@bonanzacrk.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400723403	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"/>
<u>Other Attachments</u>			
400719065	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400719079	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400723404	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400723411	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400725526	PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400725560	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)