

**DRILLING COMPLETION REPORT**

Document Number:  
400818831

Date Received:

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: Jessica Azzolina  
 Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY Phone: (720) 440-6100  
 Address: 410 17TH STREET SUITE #1400 Fax: (720) 279-2331  
 City: DENVER State: CO Zip: 80202

API Number 05-123-39210-00 County: WELD  
 Well Name: State Seventy Holes Well Number: F-J-4HNB  
 Location: QtrQtr: NENW Section: 4 Township: 4N Range: 62W Meridian: 6  
 Footage at surface: Distance: 310 feet Direction: FNL Distance: 1385 feet Direction: FWL  
 As Drilled Latitude: 40.348080 As Drilled Longitude: -104.335910

GPS Data:  
 Date of Measurement: 02/10/2015 PDOP Reading: 1.8 GPS Instrument Operator's Name: Adam Beauprez

\*\* If directional footage at Top of Prod. Zone Dist.: 676 feet. Direction: FNL Dist.: 1320 feet. Direction: FWL  
 Sec: 4 Twp: 4N Rng: 62W  
 \*\* If directional footage at Bottom Hole Dist.: 470 feet. Direction: FSL Dist.: 1325 feet. Direction: FWL  
 Sec: 4 Twp: 4N Rng: 62W

Field Name: WATTENBERG Field Number: 90750  
 Federal, Indian or State Lease Number: OG 2140.12

Spud Date: (when the 1st bit hit the dirt) 01/15/2015 Date TD: 01/21/2015 Date Casing Set or D&A: 01/23/2015  
 Rig Release Date: 02/07/2015 Per Rule 308A.b.

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

Total Depth MD 10922 TVD\*\* 6216 Plug Back Total Depth MD 10922 TVD\*\* 6216

Elevations GR 4551 KB 4573 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
Mud Log, CBL, (OH log ran on State Seventy Holes F-J-4HC, same pad)

**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	444	200	0	444	CALC
1ST	8+3/4	7	26	0	6,529	745	0	6,529	CBL
1ST LINER	6+1/8	4+1/2	11.6	6397	10,914				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	
NIOBRARA	6,394		NO	NO	Faulted out Sharon Springs, A-Chalk, A-Marl into B-Chalk. Nio top is Nio B-Chalk

Comment:

OH log ran on State Seventy Holes F-J-4HC, same pad

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Jessica Azzolina

Title: Drilling Technician Date: \_\_\_\_\_ Email: jazzolina@bonanzacrk.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400818932	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400818887	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>Other Attachments</b>			
400818885	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400818886	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400821465	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400821466	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

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

Total: 0 comment(s)