

FORM
5
Rev
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:
400836914

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: 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 05-123-41044-00 County: WELD
 Well Name: State Antelope Well Number: 11-41-2HNB
 Location: QtrQtr: Lot 4 Section: 2 Township: 5N Range: 62W Meridian: 6
 Footage at surface: Distance: 1321 feet Direction: FNL Distance: 385 feet Direction: FWL
 As Drilled Latitude: 40.433139 As Drilled Longitude: -104.298654

GPS Data:
 Date of Measurement: 04/14/2015 PDOP Reading: 1.2 GPS Instrument Operator's Name: Rob Wilson

** If directional footage at Top of Prod. Zone Dist.: 709 feet. Direction: FNL Dist.: 721 feet. Direction: FWL
 Sec: 2 Twp: 5N Rng: 62W
 ** If directional footage at Bottom Hole Dist.: 726 feet. Direction: FNL Dist.: 473 feet. Direction: FEL
 Sec: 2 Twp: 5N Rng: 62W

Field Name: WATTENBERG Field Number: 90750
 Federal, Indian or State Lease Number: OG8039.4

Spud Date: (when the 1st bit hit the dirt) 03/08/2015 Date TD: 03/15/2015 Date Casing Set or D&A: 03/16/2015
 Rig Release Date: 03/24/2015 Per Rule 308A.b.

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

Total Depth MD 10880 TVD** 6193 Plug Back Total Depth MD 10880 TVD** 6193
 Elevations GR 4648 KB 4665 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
Mud Log, CBL, Open Hole log

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	443	250	0	443	CALC
1ST	8+3/4	7	26	0	6,595	870	0	6,595	CBL
1ST LINER	6+1/8	4+1/2	11.6	6400	10,872				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	6,105		NO	NO	
NIOBRARA	6,233		NO	NO	

Comment:

Ran Open hole log for entire 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 ?	
<u>Attachment Checklist</u>			
400837323	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400837008	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>			
400836979	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400836980	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400836981	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400836983	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400837003	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)