

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



DE ET OE ES

Document Number:

400849206

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 05-123-41161-00

County: WELD

Well Name: Pronghorn

Well Number: J24-15-10XRLNC

Location: QtrQtr: SESW Section: 15 Township: 5N Range: 61W Meridian: 6

Footage at surface: Distance: 270 feet Direction: FSL Distance: 1419 feet Direction: FWL

As Drilled Latitude: 40.394420 As Drilled Longitude: -104.199330

GPS Data:

Date of Measurement: 04/21/2015 PDOP Reading: 1.5 GPS Instrument Operator's Name: Adam Beauprez

** If directional footage at Top of Prod. Zone Dist.: 2 feet. Direction: FSL Dist.: 1791 feet. Direction: FWL

Sec: 15 Twp: 5N Rng: 61W

** If directional footage at Bottom Hole Dist.: 490 feet. Direction: FNL Dist.: 1828 feet. Direction: FWL

Sec: 10 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) 03/24/2015 Date TD: 04/05/2015 Date Casing Set or D&A: 04/10/2015

Rig Release Date: 04/11/2015 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 16162 TVD** 6210 Plug Back Total Depth MD 16162 TVD** 6210

Elevations GR 4669 KB 4686

Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

Mud log, CBL, Open Hole log for J-15 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	445	235	0	445	CALC
1ST	8+3/4	7	26	0	6,629	762	0	6,629	CBL
1ST LINER	6+1/8	4+1/2	11.6	4668	14,437				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	4,968		NO	NO	
NIOBRARA	6,121		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: Jessica Azzolina

Title: Drilling Technician Date: _____ Email: jazzolina@bonanzacrk.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400849352	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400849332	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>					
400849264	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400849265	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400849267	PDF-COMBINATION OPEN HOLE	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400849331	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

--	--	--

Total: 0 comment(s)