

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:
400878174

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 05-123-40195-00 County: WELD
 Well Name: North Platte Federal Well Number: 11-14-22HNC
 Location: QtrQtr: NWNW Section: 22 Township: 5N Range: 63W Meridian: 6
 Footage at surface: Distance: 657 feet Direction: FNL Distance: 1205 feet Direction: FWL
 As Drilled Latitude: 40.390340 As Drilled Longitude: -104.426819

GPS Data:
 Date of Measurement: 06/08/2015 PDOP Reading: 1.4 GPS Instrument Operator's Name: Rob Wilson

** If directional footage at Top of Prod. Zone Dist.: 744 feet. Direction: FNL Dist.: 619 feet. Direction: FWL
 Sec: 22 Twp: 5N Rng: 63W
 ** If directional footage at Bottom Hole Dist.: 490 feet. Direction: FSL Dist.: 620 feet. Direction: FWL
 Sec: 22 Twp: 5N Rng: 63W

Field Name: WATTENBERG Field Number: 90750
 Federal, Indian or State Lease Number: COC63737

Spud Date: (when the 1st bit hit the dirt) 05/04/2015 Date TD: 05/28/2015 Date Casing Set or D&A: 05/29/2015
 Rig Release Date: 06/05/2015 Per Rule 308A.b.

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

Total Depth MD 11190 TVD** 6545 Plug Back Total Depth MD 11190 TVD** 6545

Elevations GR 4657 KB 4674 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
Mud log, CBL, (OH log ran on NPF F21-J24-22HNB for NP F-22 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	489	290	0	489	CALC
1ST	8+3/4	7	26	0	7,087	985	0	7,087	CBL
1ST LINER	6+1/8	4+1/2	11.6	6128	11,183				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	6,462		NO	NO	
NIOBRARA	6,640		NO	NO	

Comment:

OH log ran on NPF F21-J24-22HNB for NP F-22 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>			
400878205	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400878202	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>			
400878194	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400878199	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400878201	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)