

FORM
5Rev
10/14

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

400902259

Date Received:

09/21/2015

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and/or cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

 Completion Type Final completion Preliminary completion

OGCC Operator Number: <u>8960</u>	Contact Name: <u>Jessica Azzolina</u>
Name of Operator: <u>BONANZA CREEK ENERGY OPERATING COMPANY</u>	Phone: <u>(720) 440-6100</u>
Address: <u>410 17TH STREET SUITE #1400</u>	Fax: <u>(720) 279-2331</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>jazzolina@bonanzacrk.com</u>

API Number <u>05-123-41116-00</u>	County: <u>WELD</u>
Well Name: <u>State Crow Valley</u>	Well Number: <u>41-21-20XRLNB</u>
Location: QtrQtr: <u>NENE</u> Section: <u>21</u> Township: <u>7N</u> Range: <u>62W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>1293</u> feet Direction: <u>FNL</u> Distance: <u>341</u> feet Direction: <u>FEL</u>	
As Drilled Latitude: <u>40.563235</u> As Drilled Longitude: <u>-104.318710</u>	

GPS Data:

 Date of Measurement: 07/27/2015 PDOP Reading: 1.4 GPS Instrument Operator's Name: Rob Wilson

 ** If directional footage at Top of Prod. Zone Dist: 680 feet Direction: FNL Dist: 1237 feet Direction: FEL
 Sec: 21 Twp: 7N Rng: 62W

 ** If directional footage at Bottom Hole Dist: 658 feet Direction: FNL Dist: 614 feet Direction: FWL
 Sec: 20 Twp: 7N Rng: 62W

 Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: _____

 Spud Date: (when the 1st bit hit the dirt) 07/13/2015 Date TD: 07/22/2015 Date Casing Set or D&A: 07/24/2015
Rig Release Date: 07/25/2015 Per Rule 308A.b.

Well Classification:

 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth	MD <u>16252</u>	TVD** <u>6679</u>	Plug Back Total Depth	MD <u>16252</u>	TVD** <u>6679</u>
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Elevations	GR <u>4895</u>	KB <u>4912</u>	Digital Copies of ALL Logs must be Attached per Rule 308A <input checked="" type="checkbox"/>
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List Electric Logs Run:

CBL, Mud log, OH log (ran on the State Crow Valley V-21-20XRLNB for the 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	535	302	0	535	CALC
1ST	8+3/4	7	26	0	7,209	825	0	7,209	CBL
1ST LINER	6+1/8	4+1/2	11.6	5819	16,243				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	6,629		NO	NO	
NIOBRARA	6,752		NO	NO	

Operator Comments:

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: 9/21/2015 Email: jazzolina@bonanzacr.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400902275	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400902273	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>			
400902267	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400902269	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400902272	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400902445	PDF-TRIPLE COMBINATION	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)