

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.

Document Number:
400928817

Date Received:

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 05-123-41221-00 County: WELD

Well Name: Pronghorn Well Number: C-W-28HNC

Location: QtrQtr: SWSW Section: 28 Township: 5N Range: 61W Meridian: 6

Footage at surface: Distance: 1250 feet Direction: FSL Distance: 389 feet Direction: FWL

As Drilled Latitude: 40.368010 As Drilled Longitude: -104.222190

GPS Data:
Date of Measurement: 09/09/2015 PDOP Reading: 1.4 GPS Instrument Operator's Name: Mike Johnson

** If directional footage at Top of Prod. Zone Dist.: 2638 feet. Direction: FSL Dist.: 685 feet. Direction: FWL
Sec: 28 Twp: 5N Rng: 61W

** If directional footage at Bottom Hole Dist.: 2551 feet. Direction: FNL Dist.: 532 feet. Direction: FEL
Sec: 28 Twp: 5N Rng: 61W

Field Name: RIVERSIDE Field Number: 73800

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 06/22/2015 Date TD: 08/27/2015 Date Casing Set or D&A: 08/28/2015

Rig Release Date: 09/03/2015 Per Rule 308A.b.

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

Total Depth MD 10952 TVD** 6103 Plug Back Total Depth MD 10952 TVD** 6103

Elevations GR 4597 KB 4614 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
Mud log, CBL, Gamma, (OH log ran on the Pronghorn D13-X43-28HNB for the D-28 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	761	420	0	761	CALC
1ST	8+3/4	7	26	0	6,718	850	0	6,718	CBL
1ST LINER	6+1/8	4+1/2	11.6	5837	10,945				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	
PARKMAN	3,470		NO	NO	
SHARON SPRINGS	6,100		NO	NO	
NIOBRARA	6,298		NO	NO	

Comment:

OH log ran on the Pronghorn D13-X43-28HNB for the D-28 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@bonanzacr.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400928847	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400928845	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"/>
Other Attachments			
400928839	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400928840	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400928841	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400928843	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400928844	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)