

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



DE	ET	OE	ES
----	----	----	----

Document Number:
400928685

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 05-123-41215-00 County: WELD
 Well Name: Pronghorn Well Number: 14-44-28HNC
 Location: QtrQtr: SWSW Section: 28 Township: 5N Range: 61W Meridian: 6
 Footage at surface: Distance: 1250 feet Direction: FSL Distance: 349 feet Direction: FWL
 As Drilled Latitude: 40.368000 As Drilled Longitude: -104.222340

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.: 670 feet. Direction: FSL Dist.: 829 feet. Direction: FWL
 Sec: 28 Twp: 5N Rng: 61W
 ** If directional footage at Bottom Hole Dist.: 671 feet. Direction: FSL Dist.: 536 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) 06/24/2015 Date TD: 09/01/2015 Date Casing Set or D&A: 09/02/2015
 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 10640 TVD** 6120 Plug Back Total Depth MD 10640 TVD** 6120

Elevations GR 4595 KB 4612 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
Mud log, CBL, Gamma, (Open Hole log ran on PRONGHORN D13-X43-28HNB for 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	758	420	0	758	CALC
1ST	8+3/4	7	26	0	6,588	840	0	6,588	CBL
1ST LINER	6+1/8	4+1/2	11.6	5653	10,632				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	2,607		NO	NO	
SHARON SPRINGS	5,926		NO	NO	
NIOBRARA	6,116		NO	NO	

Comment:

Open Hole log ran on PRONGHORN D13-X43-28HNB for 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			
400929090	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400928736	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			
400928738	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400929045	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400929085	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400929088	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400929089	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Returned to draft per operator request.	11/2/2015 12:02:35 PM

Total: 1 comment(s)