

**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:  
400718362

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) 440-1600  
 Address: 410 17TH STREET SUITE #1400 Fax: (720) 279-2331  
 City: DENVER State: CO Zip: 80202

API Number 05-123-39003-00 County: WELD  
 Well Name: STATE ANTELOPE Well Number: P41-T44-32HNC  
 Location: QtrQtr: NENE Section: 32 Township: 5N Range: 62W Meridian: 6  
 Footage at surface: Distance: 482 feet Direction: FNL Distance: 1142 feet Direction: FEL  
 As Drilled Latitude: 40.362100 As Drilled Longitude: -104.342350

GPS Data:  
 Date of Measurement: 10/01/2014 PDOP Reading: 2.6 GPS Instrument Operator's Name: Brian Rottinghaus

\*\* If directional footage at Top of Prod. Zone Dist.: 580 feet. Direction: FNL Dist.: 983 feet. Direction: FEL  
 Sec: 32 Twp: 5N Rng: 62W  
 \*\* If directional footage at Bottom Hole Dist.: 470 feet. Direction: FSL Dist.: 976 feet. Direction: FEL  
 Sec: 32 Twp: 5N Rng: 62W

Field Name: WATTENBERG Field Number: 90750  
 Federal, Indian or State Lease Number: OG 2146.12

Spud Date: (when the 1st bit hit the dirt) 07/25/2014 Date TD: 08/03/2014 Date Casing Set or D&A: 08/03/2014  
 Rig Release Date: 08/12/2014 Per Rule 308A.b.

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

Total Depth MD 10890 TVD\*\* 6337 Plug Back Total Depth MD 10890 TVD\*\* 6337

Elevations GR 4573 KB 4590 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
CBL, MUD

**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	467	198	0	467	CALC
1ST	8+3/4	7	26	0	6,707	790	0	6,707	CBL
1ST LINER	6+1/8	4+1/2	11.6	6420	10,890				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	6,090		NO	NO	
NIOBRARA	6,279		NO	NO	

Comment:

OH run on State Antelope 41-44-32HNC

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 Technicain

Date: \_\_\_\_\_

Email: jazzolina@bonanzacrk.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b><u>Attachment Checklist</u></b>			
400945270	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400718467	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"/>
<b><u>Other Attachments</u></b>			
400718432	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400718436	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400718470	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)