

FORM  
5Rev  
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:

400708217

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: Olga Chikaloff

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 05-123-38789-00

County: WELD

Well Name: Latham

Well Number: T34-P31-2HC

Location: QtrQtr: SWSE Section: 2 Township: 4N Range: 63W Meridian: 6

Footage at surface: Distance: 342 feet Direction: FSL Distance: 2209 feet Direction: FEL

As Drilled Latitude: 40.335280 As Drilled Longitude: -104.403670

## GPS Data:

Date of Measurement: 08/07/2014 PDOP Reading: 3.3 GPS Instrument Operator's Name: Wyatt Hall

\*\* If directional footage at Top of Prod. Zone Dist.: 710 feet. Direction: FSL Dist.: 1711 feet. Direction: FEL

Sec: 2 Twp: 4N Rng: 63W

\*\* If directional footage at Bottom Hole Dist.: 470 feet. Direction: FNL Dist.: 1613 feet. Direction: FEL

Sec: 2 Twp: 4N Rng: 63W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 06/02/2014 Date TD: 06/12/2014 Date Casing Set or D&amp;A: 06/13/2014

Rig Release Date: 06/14/2014 Per Rule 308A.b.

## Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 11038 TVD\*\* 6467 Plug Back Total Depth MD 11038 TVD\*\* 6467

Elevations GR 4520 KB 4537 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

## List Electric Logs Run:

MUD, CBL

## 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	789	350	0	789	CALC
1ST	8+3/4	7	26	0	6,825	785	0	6,825	CBL
1ST LINER	6+1/8	4+1/2	11.6	6645	11,038				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	6,126		NO	NO	
NIOBRARA	6,254		NO	NO	

Comment:

OH run on LATHAM 034-K31-2HC, API # 05-123-38787

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_

Print Name: Olga ChikaloffTitle: Engineering Technician

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

Email: ochikaloff@bonanzacrk.com

## Attachment Check List

Att Doc Num	Document Name	attached ?
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### Attachment Checklist

400942798	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400967883	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

400713973	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400942806	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400967885	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

## General Comments

User Group      CommentComment Date

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Total: 0 comment(s)