

DRILLING COMPLETION REPORT

Document Number:
400594386

Date Received:

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: Ashley Danowski
 Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY Phone: (720) 440-6100
 Address: 410 17TH STREET SUITE #1400 Fax: (720) 305-0804
 City: DENVER State: CO Zip: 80202

API Number 05-123-38589-00 County: WELD
 Well Name: State Antelope Well Number: U-Y-30HNB
 Location: QtrQtr: NENE Section: 30 Township: 5N Range: 62W Meridian: 6
 Footage at surface: Distance: 399 feet Direction: FNL Distance: 842 feet Direction: FEL
 As Drilled Latitude: 40.376640 As Drilled Longitude: -104.359740

GPS Data:
 Date of Measurement: 04/04/2014 PDOP Reading: 2.4 GPS Instrument Operator's Name: Wyatt Hall

** If directional footage at Top of Prod. Zone Dist.: 726 feet. Direction: FNL Dist.: 32 feet. Direction: FEL
 Sec: 30 Twp: 5N Rng: 62W
 ** If directional footage at Bottom Hole Dist.: 481 feet. Direction: FSL Dist.: 4 feet. Direction: FEL
 Sec: 30 Twp: 5N Rng: 62W

Field Name: WATTENBERG Field Number: 90750
 Federal, Indian or State Lease Number: OG 2145.12

Spud Date: (when the 1st bit hit the dirt) 02/18/2014 Date TD: 02/25/2014 Date Casing Set or D&A: 02/28/2014
 Rig Release Date: 03/02/2014 Per Rule 308A.b.

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

Total Depth MD 10960 TVD** 6380 Plug Back Total Depth MD 10960 TVD** 6380
 Elevations GR 4661 KB 4678 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
MUD, CBL, Gamma Ray

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	468	255	0	468	CALC
1ST	8+3/4	7	26	0	6,864	809	0	6,864	CBL
1ST LINER	6+1/8	4+1/2	11.6	6672	10,960				

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	6,343	6,534	NO	NO	
NIOBRARA	6,535		NO	NO	

Comment:

Company Geologist could not locate sussex formation. Open Hole logs for this pad were run on the State Antelope P41-T44-30HNB (05-123-38590)

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

Signed: _____

Print Name: Ashley Danowski

Title: Geology Technician

Date: _____

Email: adanowski@bonanzack.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400594746	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400609894	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			
400609903	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401138412	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401138413	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401138415	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401138418	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401138419	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401138420	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>
		Stamp Upon Approval

Total: 0 comment(s)