

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



Document Number:

400316652

Date Received:

04/26/2014

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type  Final completion  Preliminary completion

OGCC Operator Number: 8960 Contact Name: Stephen Wolfe  
Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY Phone: (720) 440-6110  
Address: 410 17TH STREET SUITE #1400 Fax:  
City: DENVER State: CO Zip: 80202

API Number 05-123-26114-00 County: WELD  
Well Name: ALLES Well Number: 41-31  
Location: QtrQtr: NENE Section: 31 Township: 5N Range: 63W Meridian: 6  
Footage at surface: Distance: 600 feet Direction: FNL Distance: 620 feet Direction: FWL  
As Drilled Latitude: 40.361610 As Drilled Longitude: -104.471810

GPS Data:  
Date of Measurement: 09/11/2007 PDOP Reading: 2.1 GPS Instrument Operator's Name: Larry Robbins

\*\* If directional footage at Top of Prod. Zone Dist.: feet Direction: Dist.: feet. Direction:  
Sec: Twp: Rng:  
\*\* If directional footage at Bottom Hole Dist.: feet Direction: Dist.: feet. Direction:  
Sec: Twp: Rng:

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

Spud Date: (when the 1st bit hit the dirt) 08/04/2007 Date TD: 08/08/2007 Date Casing Set or D&A: 08/09/2007  
Rig Release Date: Per Rule 308A.b.

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

Total Depth MD 6733 TVD\*\* Plug Back Total Depth MD 6682 TVD\*\*  
Elevations GR 4577 KB 4589 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:

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	12+1/4	8+5/8	24	0	575	410	0	575	VISU
1ST	7+7/8	4+1/2	11.6	0	6,714	450	3,680	6,714	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
RETAINER	1ST	3,147	450	938	3,244

Details of work:

Determined casing had holes from 3212-29'. Set cement retainer at 3147' and circulated 450 sacks through holes taking returns on the surface. Drilled out retainer and pressure tested casing patch to 1500#. See attached pressure chart. Held 1500 psi for 60 mins. CBL unavailable, company that ran the CBL has been sold and no records are available at this time.

### 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	3,356				
SUSSEX	3,954				
NIOBRARA	6,312				
FORT HAYS	6,529				
CODELL	6,564				

Operator Comments

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

Signed: \_\_\_\_\_ Print Name: Stephen Wolfe

Title: Sr Prod Engr Date: 4/26/2014 Email: stephen.wolfe@alumni.mines.edu

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400596704	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400596705	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Other Attachments</u>			
400316652	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400596702	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400596703	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	<ul style="list-style-type: none"><li>• Requesting missing CBL attachments.</li><li>• Bradenhead testing chart, Form 17 not submitted. Requesting more information from COGCC Engineering.</li></ul>	01/06/2017

Total: 1 comment(s)