

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:

401641489

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: Brian Dodek

Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY

Phone: (720) 2256653

Address: 410 17TH STREET SUITE #1400

Fax:

City: DENVER State: CO Zip: 80202

API Number 05-123-44111-00

County: WELD

Well Name: State Pronghorn

Well Number: 41-29-30XRLNB

Location: QtrQtr: NWNW Section: 28 Township: 5N Range: 61W Meridian: 6

Footage at surface: Distance: 1318 feet Direction: FNL Distance: 548 feet Direction: FWL

As Drilled Latitude: 40.375523 As Drilled Longitude: -104.221653

GPS Data:

Date of Measurement: 04/26/2018 PDOP Reading: 1.4 GPS Instrument Operator's Name: Dave Fehring

** If directional footage at Top of Prod. Zone Dist.: 580 feet. Direction: FNL Dist.: 545 feet. Direction: FEL

Sec: 29 Twp: 5N Rng: 61W

** If directional footage at Bottom Hole Dist.: 659 feet. Direction: FNL Dist.: 536 feet. Direction: FWL

Sec: 30 Twp: 5N Rng: 61W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 02/25/2018 Date TD: 03/04/2018 Date Casing Set or D&A: 02/26/2018

Rig Release Date: 03/22/2018 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 16112 TVD** 6107 Plug Back Total Depth MD 16037 TVD** 6107

Elevations GR 4618 KB 4635 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

CBL, MUD, MWD, (IND & GR in API # 123-38633)

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	1,602	744	0	1,602	VISU
1ST	8+1/2	5+1/2	17	0	16,102	2,579	0	16,102	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	3,250		NO	NO	
SHARON SPRINGS	6,000		NO	NO	
NIOBRARA	6,249		NO	NO	

Comment:

TPZ is estimated, actual TPZ will be submitted on the form 5A. Completions on this well are expected to begin in mid June 2018.

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

Signed: _____

Print Name: Ariana Solis

Title: Regulatory Analyst

Date: _____

Email: asolis@bonanzacrk.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
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Attachment Checklist

401644618	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401644614	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

401644599	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401644600	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401644602	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401644604	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401644605	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401644609	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)