

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



DE ET OE ES

Document Number:
401684007

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) 225-6653
Address: 410 17TH STREET SUITE #1400 Fax:
City: DENVER State: CO Zip: 80202

API Number 05-123-46389-00 County: WELD
Well Name: North Platte Well Number: K-35-34MRLNB
Location: QtrQtr: SWSE Section: 26 Township: 5N Range: 63W Meridian: 6
Footage at surface: Distance: 520 feet Direction: FSL Distance: 2552 feet Direction: FEL
As Drilled Latitude: 40.364592 As Drilled Longitude: -104.403059

GPS Data:
Date of Measurement: 05/23/2018 PDOP Reading: 1.5 GPS Instrument Operator's Name: CHAD MEIERS

** If directional footage at Top of Prod. Zone Dist.: 62 feet. Direction: FNL Dist.: 2460 feet. Direction: FEL
Sec: 35 Twp: 5 Rng: 63

** If directional footage at Bottom Hole Dist.: 3 feet. Direction: FNL Dist.: 508 feet. Direction: FWL
Sec: 34 Twp: 5 Rng: 63

Field Name: WATTENBERG Field Number: 90750
Federal, Indian or State Lease Number: 2147.12

Spud Date: (when the 1st bit hit the dirt) 03/28/2018 Date TD: 04/10/2018 Date Casing Set or D&A: 04/10/2018
Rig Release Date: 05/07/2018 Per Rule 308A.b.

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

Total Depth MD 14140 TVD** 6326 Plug Back Total Depth MD 14085 TVD** 6326

Elevations GR 4550 KB 4567 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
CBL, LWD/MWD, MUD, (DIL in 123-46388)

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	8+5/8	36	0	1,502	698	0	1,502	VISU
1ST	8+1/2	4+5/8	17	0	14,129	2,229	0	14,129	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	3,389				
SHARON SPRINGS	6,221				
NIOBRARA	6,434				

Comment:

TPZ was estimated, actual TPZ will be listed on the form 5A.
 No open hole logs ran per rule 317.p. Resistivity log ran on NORTH PLATTE K21-35-2MRLNC (123-46388).

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

Signed: _____ Print Name: Ashley Noonan

Title: Sr. Regulatory Analyst Date: _____ Email: anoonan@pgressivepcs.net

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401686028	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401686027	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			
401686002	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401686006	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401686022	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401686024	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401686025	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401686033	DIRECTIONAL DATA	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)