

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



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Document Number:
401735353

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 05-123-46836-00 County: WELD
 Well Name: Whitetail Well Number: A-4-9XRLNB
 Location: QtrQtr: Lot 3 Section: 4 Township: 6N Range: 62W Meridian: 6
 Footage at surface: Distance: 283 feet Direction: FNL Distance: 1952 feet Direction: FWL
 As Drilled Latitude: 40.522479 As Drilled Longitude: -104.329985

GPS Data:
 Date of Measurement: 08/14/2018 PDOP Reading: 1.3 GPS Instrument Operator's Name: James Freshwater

** If directional footage at Top of Prod. Zone Dist.: 978 feet. Direction: FNL Dist.: 28 feet. Direction: FWL
 Sec: 4 Twp: 6N Rng: 62W
 ** If directional footage at Bottom Hole Dist.: 479 feet. Direction: FSL Dist.: 6 feet. Direction: FEL
 Sec: 8 Twp: 6N Rng: 62W

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

Spud Date: (when the 1st bit hit the dirt) 06/14/2018 Date TD: 06/19/2018 Date Casing Set or D&A: 06/21/2018
 Rig Release Date: 06/22/2018 Per Rule 308A.b.

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

Total Depth MD 16840 TVD** 6654 Plug Back Total Depth MD 16654 TVD** 6654

Elevations GR 4864 KB 4881 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, MUD, MWD, (Triple Combo in 123-41166)

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	1,626	721	0	1,626	VISU
1ST	8+1/2	5+1/2	17	0	16,699	2,698	0	16,699	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	3,513				
SHARON SPRINGS	6,776				
NIOBRARA	7,055				

Comment:

This well is waiting on completions at the time the final form 5 is being submitted. Actual top of production zone footages will be included in the comments section on the form 5A.

Surface casing set depth incorrect on surface cement report. Correct depth is listed in casing tab.

Production casing set depth incorrect on production cement report. Correct depth is listed in casing tab and can be verified via CBL.

No open hole resistivity log was run on this well. Triple Combo log run on Whitetail 21-4-9XRLNB (123-41166)

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 ?	
Attachment Checklist			
401735704	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401738570	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			
401735440	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401735445	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401735668	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401735672	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401738569	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401738960	PDF-CEMENT BOND	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)