

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:

401849083

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: Kate Miller

Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY

Phone: (720) 440-6133

Address: 410 17TH STREET SUITE #1400

Fax:

City: DENVER State: CO Zip: 80202

API Number 05-123-47011-00

County: WELD

Well Name: North Platte

Well Number: F21-J24-28HNB

Location: QtrQtr: NESW Section: 21 Township: 5N Range: 63W Meridian: 6

Footage at surface: Distance: 1427 feet Direction: FSL Distance: 1444 feet Direction: FWL

As Drilled Latitude: 40.381653 As Drilled Longitude: -104.445323

## GPS Data:

Date of Measurement: 10/30/2018 PDOP Reading: 1.1 GPS Instrument Operator's Name: Chad Meiers

\*\* If directional footage at Top of Prod. Zone Dist.: 4 feet. Direction: FSL Dist.: 1648 feet. Direction: FWL

Sec: 21 Twp: 5N Rng: 63W

\*\* If directional footage at Bottom Hole Dist.: 493 feet. Direction: FSL Dist.: 1642 feet. Direction: FWL

Sec: 28 Twp: 5N Rng: 63W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 09/07/2018 Date TD: 09/19/2018 Date Casing Set or D&amp;A: 09/19/2018

Rig Release Date: 09/30/2018 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 11537 TVD\*\* 6329 Plug Back Total Depth MD 11485 TVD\*\* 6329

Elevations GR 4553 KB 4570 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

## List Electric Logs Run:

CBL, Mud, LWD/MWD, (Resistivity in 123-47012)

## 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	766	0	1,602	VISU
1ST	8+1/2	5+1/2	17	0	11,527	1,747	0	11,527	CBL
OPEN HOLE	8+1/2			11527	11,537				

## 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	3,416				
SHARON SPRINGS	6,299				
NIOBRARA	6,678				

Comment:

TPZ is estimate, actual will be submitted on Form 5A.

No Open Hole Logs run. Per rule 317.p. Resistivity log run on North Platte F-J-28HNC (05-123-47012)

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@bonanzacrk.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
401855471	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401855470	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"/>
<u>Other Attachments</u>			
401855422	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401855426	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401855431	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401855450	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401855456	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401855467	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)

