

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



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Document Number:

401870104

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 05-123-46920-00

County: WELD

Well Name: North Platte

Well Number: P41-T44-28HNB

Location: QtrQtr: NENE Section: 28 Township: 5N Range: 63W Meridian: 6

Footage at surface: Distance: 353 feet Direction: FNL Distance: 341 feet Direction: FEL

As Drilled Latitude: 40.376731 As Drilled Longitude: -104.432350

GPS Data:

Date of Measurement: 10/30/2018 PDOP Reading: 1.3 GPS Instrument Operator's Name: Chad Meiers

** If directional footage at Top of Prod. Zone Dist.: 10 feet. Direction: FNL Dist.: 1107 feet. Direction: FEL

Sec: 28 Twp: 5N Rng: 63W

** If directional footage at Bottom Hole Dist.: 468 feet. Direction: FSL Dist.: 1063 feet. Direction: FEL

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) 08/27/2018 Date TD: 09/22/2018 Date Casing Set or D&A: 09/22/2018

Rig Release Date: 10/18/2018 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 11602 TVD** 6289 Plug Back Total Depth MD 11548 TVD** 6289

Elevations GR 4548 KB 4565 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

CBL, Mud, MWD/LWD, (Resistivity in 05-123-46914)

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	1,641	720	0	1,641	VISU
1ST	8+1/2	5+1/2	17	0	11,592	1,760	0	11,592	CBL

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	3,437				
SHARON SPRINGS	6,296				
NIOBRARA	6,472				

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 P-T-28HNC (05-123-46914).

MWD/LWD and Mud Log have the incorrect Spud Date, correct Spud Date is 8/27/2017.

MWD/LWD has the incorrect MD, correct MD is 11602.

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

Signed: _____

Print Name: Aubrey Noonan

Title: Regulatory Analyst

Date: _____

Email: ANoonan2@bonanzacrk.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
401875032	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401875031	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>			
401875030	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401875038	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401875044	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401875052	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401875053	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401875056	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401875057	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401875058	LAS-MWD/LWD	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)

