

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:
401884078

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 05-123-47805-00 County: WELD
 Well Name: Wetco Farms Well Number: K21-4-9MRLNC
 Location: QtrQtr: NWNW Section: 4 Township: 4N Range: 63W Meridian: 6
 Footage at surface: Distance: 346 feet Direction: FNL Distance: 252 feet Direction: FWL
 As Drilled Latitude: 40.347739 As Drilled Longitude: -104.451393

GPS Data:
 Date of Measurement: 12/31/2018 PDOP Reading: 1.6 GPS Instrument Operator's Name: Greg Weimer

** If directional footage at Top of Prod. Zone Dist.: 460 feet. Direction: FNL Dist.: 2424 feet. Direction: FWL
 Sec: 4 Twp: 4N Rng: 63W
 ** If directional footage at Bottom Hole Dist.: 2165 feet. Direction: FNL Dist.: 2429 feet. Direction: FWL
 Sec: 9 Twp: 4N Rng: 63W

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

Spud Date: (when the 1st bit hit the dirt) 10/22/2018 Date TD: 11/14/2018 Date Casing Set or D&A: 11/15/2018
 Rig Release Date: 11/16/2018 Per Rule 308A.b.

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

Total Depth MD 14219 TVD** 6358 Plug Back Total Depth MD 14163 TVD** 6358

Elevations GR 4570 KB 4587 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
MUD, CBL, MWD/LWD, (DEN/NEU in 123-22501)

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	1,599	720	0	1,599	VISU
1ST	8+1/2	5+1/2	17	0	14,209	2,217	1,602	14,219	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	3,470				
SHARON SPRINGS	6,578				
NIOBRARA	7,073				

Comment:

TPZ was estimated, actual TPZ will be listed on the form 5A.

No open hole log was ran on this well. A Dual Induction Compensated Density Neutron log was ran on an offset well the Wetco 11-4 (123-22501).

MUD log lists incorrect spud date, correct date reported on form.

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 ?	
Attachment Checklist			
401884097	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401918414	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			
401884122	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401884127	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401884128	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401884129	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401884131	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401884132	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401918412	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401926762	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)

