

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:

401884467

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 05-123-43382-00

County: WELD

Well Name: Pronghorn

Well Number: 21-24-18HNB

Location: QtrQtr: NENW Section: 18 Township: 5N Range: 61W Meridian: 6

Footage at surface: Distance: 428 feet Direction: FNL Distance: 1465 feet Direction: FWL

As Drilled Latitude: 40.407316 As Drilled Longitude: -104.256646

## 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.: 1970 feet. Direction: FWL

Sec: 18 Twp: 5N Rng: 61W

\*\* If directional footage at Bottom Hole Dist.: 457 feet. Direction: FSL Dist.: 1963 feet. Direction: FWL

Sec: 18 Twp: 5N Rng: 61W

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: 11/01/2018 Date Casing Set or D&amp;A: 11/01/2018

Rig Release Date: 11/18/2018 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 10948 TVD\*\* 6085 Plug Back Total Depth MD 10913 TVD\*\* 6085

Elevations GR 4565 KB 4582

Digital Copies of ALL Logs must be Attached per Rule 308A ☒

## List Electric Logs Run:

MUD, CBL, LWD/MWD, (DIL in 123-38973)

## 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	1,604	765	0	1,604	VISU
1ST	8+1/2	5+1/2	17	0	10,938	1,642	1,562	10,948	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	3,192				
SHARON SPRINGS	5,962				
NIOBRARA	6,345				

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 Pronghorn 11-14-18HNB (123 -38973).

Spud date on MUD incorrect, correct date reported on form.

Surface Casing Post Job Cmt Rpt has open hole and casing depths mixed up, depths reported on form correct.

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>			
401884470	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401922330	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>			
401884472	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401884478	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401884479	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401884480	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401884481	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401884482	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401884483	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401922328	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)

