

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:

402078985

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) 440-6116

Address: 410 17TH STREET SUITE #1400

Fax:

City: DENVER

State: CO

Zip: 80202

API Number 05-123-49094-00

County: WELD

Well Name: ANTELOPE FEDERAL

Well Number: T34-20-17XRLNB

Location: QtrQtr: SWSE Section: 20 Township: 5N Range: 62W Meridian: 6

Footage at surface: Distance: 729 feet Direction: FSL Distance: 2354 feet Direction: FEL

As Drilled Latitude: 40.379871 As Drilled Longitude: -104.346612

GPS Data:

Date of Measurement: 06/03/2019 PDOP Reading: 1.3 GPS Instrument Operator's Name: Greg Weimer

** If directional footage at Top of Prod. Zone Dist.: 0 feet. Direction: FSL Dist.: 1604 feet. Direction: FEL

Sec: 20 Twp: 5N Rng: 62W

** If directional footage at Bottom Hole Dist.: 495 feet. Direction: FNL Dist.: 1727 feet. Direction: FEL

Sec: 17 Twp: 5N Rng: 62W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number: COC27517

Spud Date: (when the 1st bit hit the dirt) 04/24/2019 Date TD: 05/21/2019 Date Casing Set or D&A: 05/22/2019

Rig Release Date: 05/22/2019 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 17040 TVD** 6395 Plug Back Total Depth MD 17005 TVD** 6395

Elevations GR 4656 KB 4673

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

List Electric Logs Run:

Mud, CBL, MWD/LWD, (Resistivity 123-49090)

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 | 565 | 0 | 1,626 | VISU |
| 1ST | 8+1/2 | 5+1/2 | 20 | 0 | 17,030 | 2,580 | 500 | 17,040 | 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 | 3,608 | | | | |
| SHARON SPRINGS | 6,458 | | | | |
| NIOBRARA | 6,735 | | | | |

Comment:

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

Spud date reported on mud log is incorrect. Correct spud date reported on this form.

No open-hole logs were run. A Resistivity log was run on ANTELOPE FEDERAL 44-20-17XRLNC (05-123-49090)

Elevations on CBL are incorrect. Correct elevations are listed on this form.

Formation tops called out on mudlogs are incorrect, as they were determined by outside mud log contractors. Bonanza Creek geologists have determined correct formation tops. The correct formation tops are reported on this 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: regulatory@bonanzacrk.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|-----------------------|---|--|
| <u>Attachment Checklist</u> | | | |
| 402086078 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 402100395 | 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> | | | |
| 402086082 | PDF-MUD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 402086084 | LAS-MUD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 402086085 | PDF-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 402086096 | PDF-MWD/LWD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 402086097 | PDF-MWD/LWD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 402086738 | LAS-MWD/LWD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 402100396 | DIRECTIONAL DATA | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 402100609 | LAS-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)

