

Document Number:
402079011

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 05-123-49095-00 County: WELD
 Well Name: ANTELOPE FEDERAL Well Number: Y44-U41-20HNB
 Location: QtrQtr: SWSE Section: 20 Township: 5N Range: 62W Meridian: 6
 Footage at surface: Distance: 649 feet Direction: FSL Distance: 2348 feet Direction: FEL
 As Drilled Latitude: 40.379652 As Drilled Longitude: -104.346594

GPS Data:
 Date of Measurement: 06/03/2019 PDOP Reading: 1.2 GPS Instrument Operator's Name: Greg Weimer

** If directional footage at Top of Prod. Zone Dist.: 0 feet. Direction: FSL Dist.: 281 feet. Direction: FEL
 Sec: 20 Twp: 5N Rng: 62W
 ** If directional footage at Bottom Hole Dist.: 283 feet. Direction: FSL Dist.: 303 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) 04/26/2019 Date TD: 04/30/2019 Date Casing Set or D&A: 05/01/2019
 Rig Release Date: 05/01/2019 Per Rule 308A.b.

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

Total Depth MD 12736 TVD** 6367 Plug Back Total Depth MD 12679 TVD** 6367
 Elevations GR 4655 KB 4672 **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	560	0	1,626	VISU
1ST	8+1/2	5+1/2	20	0	12,726	1,880	1,650	12,736	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	3,624				
SHARON SPRINGS	6,613				
NIOBRARA	6,791				

Comment:

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

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 ?	
Attachment Checklist			
402086505	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402100442	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			
402086509	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402086510	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402086512	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402086515	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402086532	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402086534	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402086535	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402100443	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)

