

FORM
5
Rev
10/14

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:
402171365

Date Received:

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and/or cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type Final completion Preliminary completion

OGCC Operator Number: 8960 Contact Name: Kate Miller
Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY Phone: (720) 4406116
Address: 410 17TH STREET SUITE #1400 Fax: _____
City: DENVER State: CO Zip: 80202 Email: regulatory@bonanzacr.com

API Number 05-123-49903-00 County: WELD
Well Name: Latham Well Number: A11-E14-14HNB
Location: QtrQtr: NENE Section: 14 Township: 4N Range: 63W Meridian: 6
FNL/FSL FEL/FWL
Footage at surface: Distance: 392 feet Direction: FNL Distance: 333 feet Direction: FEL
As Drilled Latitude: 40.318930 As Drilled Longitude: -104.397060
GPS Data:
Date of Measurement: 05/16/2019 PDOP Reading: 1.7 GPS Instrument Operator's Name: Casey Kohout
FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: 260 feet Direction: FNL Dist: 260 feet Direction: FWL
Sec: 14 Twp: 4N Rng: 63W
FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: 469 feet Direction: FSL Dist: 245 feet Direction: FWL
Sec: 14 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) 06/03/2019 Date TD: 07/15/2019 Date Casing Set or D&A: 07/16/2019
Rig Release Date: 09/03/2019 Per Rule 308A.b.

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

Total Depth MD 13367 TVD** 6314 Plug Back Total Depth MD 13311 TVD** 6314
Elevations GR 4604 KB 4621 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
CBL, MWD/LWD, (Resistivity 123-49901)

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	1,623	515	0	1,623	VISU
1ST	8+1/2	5+1/2	20	0	13,357	1,980	850	13,367	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	3,600				
SHARON SPRINGS	8,161				
NIOBRARA	8,440				

Operator Comments:

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

No open-hole logs were ran on this well. A Resistivity log was ran on Latham K-O-14HNC (05-123- 49901). Approved APD had BMP requiring one well on pad to be logged with open hole resistivity log with gamma ray.

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

Signed: _____

Print Name: Ashley Noonan

Title: Sr. Regulatory Analyst

Date: _____

Email: regulatory@bonanzacrk.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
402227359	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402185710	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			
402185715	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402189832	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402209595	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402209600	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402227593	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402227598	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)

