

FORM
5Rev
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:

402234383

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@bonanzacrk.com

API Number 05-123-50034-00 County: WELD
Well Name: Latham Well Number: K31-1-12XRLNB
Location: QtrQtr: SESE Section: 36 Township: 5N Range: 63W Meridian: 6
FNL/FSL FEL/FWL
Footage at surface: Distance: 308 feet Direction: FSL Distance: 731 feet Direction: FEL
As Drilled Latitude: 40.349927 As Drilled Longitude: -104.378245
GPS Data:
Date of Measurement: 08/22/2019 PDOP Reading: 1.7 GPS Instrument Operator's Name: CHAD MEIERS
FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: 10 feet Direction: FNL Dist: 2258 feet Direction: FEL
Sec: 1 Twp: 4N Rng: 63W
FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: 278 feet Direction: FSL Dist: 1980 feet Direction: FEL
Sec: 12 Twp: 4N Rng: 63W
Field Name: WATTENBERG Field Number: 90750
Federal, Indian or State Lease Number: 2148.12

Spud Date: (when the 1st bit hit the dirt) 09/08/2019 Date TD: 09/26/2019 Date Casing Set or D&A: 09/28/2019
Rig Release Date: 10/12/2019 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 17552 TVD** 6314 Plug Back Total Depth MD 17495 TVD** 6315
Elevations GR 4553 KB 4570 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

MWD/LWD, CBL, (Induction 123-39009)**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	1,622	530	0	1,622	VISU
1ST	8+1/2	5+1/2	20	0	17,541	2,675	1,635	17,552	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	3,398				
SHARON SPRINGS	6,552				
NIOBRARA	6,804				

Operator Comments:

TPZ is estimated, actual TPZ location will be submitted on Form 5A.

Alternative Logging Program - No Open Hole Logs were Run. An induction log was ran on an existing well on the pad, State North Platte T-P-36HNB (05-123-39009). A Sundry Notice doc# 402141812 was approved updating the logging BMP.

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 ?			
<u>Attachment Checklist</u>					
402235828	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
402235745	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>					
402235738	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402235751	PDF-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402235753	LAS-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402245777	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402245778	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402245779	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)

