

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	3,426				
SHARON SPRINGS	6,232				
NIOBRARA	6,703				

Operator Comments:

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

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

Signed: _____ Print Name: Ashley Nonnan

Title: Sr. Regulatory Analyst Date: 11/30/2018 Email: anoonan@bonanzacreek.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401855500	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			
401849084	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401855483	MWD/LWD_LAS	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401855484	MWD/LWD_PDF_5000'-6427'	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401855485	MWD/LWD_PDF	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401855486	MUD_PDF	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401855487	CEMENT BOND_PDF	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401855499	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401855503	CEMENT JOB SUMMARY_PRODUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401855504	CEMENT JOB SUMMARY_SURFACE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401857156	RESISTIVITY_LAS	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401857161	RESISTIVITY_PDF	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Engineering Tech	Corrected logs run abbreviation Corrected surface casing cement bottom per attached cement job summary Corrected 1st string cement top per attached CBL	02/04/2020
Permit	<ul style="list-style-type: none"> • Missing Resistivity .las; received. • TPZ footages corrected per operator comment on Form 5A. 	12/20/2019

Total: 2 comment(s)

