

FORM  
5

Rev  
02/20

# 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:

402310664

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: <u>8960</u>	Contact Name: <u>Kate Miller</u>
Name of Operator: <u>BONANZA CREEK ENERGY OPERATING COMPANY</u>	Phone: <u>(720) 440-6116</u>
Address: <u>410 17TH STREET SUITE #1400</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>regulatory@bonanzacr.com</u>

API Number <u>05-123-50291-00</u>	County: <u>WELD</u>
Well Name: <u>STATE ANTELOPE</u>	Well Number: <u>Y-E-13HNC</u>
Location: QtrQtr: <u>NESE</u> Section: <u>13</u> Township: <u>5N</u> Range: <u>62W</u> Meridian: <u>6</u>	
	FNL/FSL <span style="float: right;">FEL/FWL</span>
Footage at surface: Distance: <u>2699</u> feet Direction: <u>FSL</u> Distance: <u>510</u> feet Direction: <u>FEL</u>	
As Drilled Latitude: <u>40.401006</u> As Drilled Longitude: <u>-104.263669</u>	
GPS Data: GPS Quality Value: <u>1.6</u> Type of GPS Quality Value: <u>PDOP</u> Date of Measurement: <u>12/17/2019</u>	
GPS Instrument Operator's Name: <u>ORION RICE</u>	FNL/FSL <span style="float: right;">FEL/FWL</span>
** If directional footage at Top of Prod. Zone Dist: <u>10</u> feet Direction: <u>FSL</u> Dist: <u>10</u> feet Direction: <u>FEL</u>	
Sec: <u>13</u> Twp: <u>5N</u> Rng: <u>62W</u>	FNL/FSL <span style="float: right;">FEL/FWL</span>
** If directional footage at Bottom Hole Dist: <u>15</u> feet Direction: <u>FSL</u> Dist: <u>21</u> feet Direction: <u>FEL</u>	
Sec: <u>13</u> Twp: <u>5N</u> Rng: <u>62W</u>	
Field Name: <u>WATTENBERG</u> Field Number: <u>90750</u>	
Federal, Indian or State Lease Number: <u>OG-108516</u>	

Spud Date: (when the 1st bit hit the dirt) 01/09/2020 Date TD: 01/12/2020 Date Casing Set or D&A: 01/13/2020  
 Rig Release Date: 01/31/2020 Per Rule 308A.b.

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

Total Depth MD <u>12481</u> TVD** <u>6105</u> Plug Back Total Depth MD <u>12425</u> TVD** <u>6105</u>
Elevations GR <u>4573</u> KB <u>4590</u> <b>Digital Copies of ALL Logs must be Attached per Rule 308A</b> <input checked="" type="checkbox"/>

List Electric Logs Run:  
MWD/LWD, CBL, Resistivity

### 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	1,635	535	0	1,635	VISU
1ST	8+1/2	5+1/2	17	0	12,470	2,160	1,217	12,481	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	3,518				
SHARON SPRINGS	6,511				
NIOBRARA	6,716				

Operator Comments:

TPZ is estimated, actual TPZ location will be submitted on Form 5A. As of the date of submittal of this form, this well is planned to be completed 04/2021. Bradenhead tests will be ran every 6 months. If completion date is pushed back to exceed more than 2 years, a MIT will be ran.

Resistivity log was ran on this well. Approved APD had BMP requiring one well on this 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: Aubrey Noonan

Title: Regulatory Analyst Date: \_\_\_\_\_ Email: regulatory@bonanzacrk.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
402350005	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402346904	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"/>
<b>Other Attachments</b>			
402346887	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402347175	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402347207	LAS-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402347225	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402347232	PDF-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402349153	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402349155	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)

