

FORM
5Rev
12/20

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:

402777838

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) 440-6116

Address: 410 17TH STREET SUITE #1400

Fax:

City: DENVER

State: CO

Zip: 80202

Email: regulatory@civiresources.com

API Number 05-123-50455-00

County: WELD

Well Name: ANTELOPE

Well Number: C13-W43-33HNC

 Location: QtrQtr: NWSW Section: 33 Township: 5N Range: 62W Meridian: 6
 FNL/FSL FEL/FWL

Footage at surface: Distance: 2581 feet Direction: FSL Distance: 374 feet Direction: FWL

As Drilled Latitude: 40.356020 As Drilled Longitude: -104.336940

GPS Data: GPS Quality Value: 1.4 Type of GPS Quality Value: PDOP Date of Measurement: 09/14/2021

 ** If directional footage at Top of Prod. Zone Dist: 2619 feet Direction: FSL Dist: 359 feet Direction: FWL
 Sec: 33 Twp: 5N Rng: 62W
 FNL/FSL FEL/FWL

 ** If directional footage at Bottom Hole Dist: 2619 feet Direction: FSL Dist: 359 feet Direction: FWL
 Sec: 33 Twp: 5N Rng: 62W
 FNL/FSL FEL/FWL

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 08/08/2021 Date TD: 08/08/2021 Date Casing Set or D&A: 08/08/2021

Rig Release Date: 08/10/2021 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 1617 TVD** 1617 Plug Back Total Depth MD 1564 TVD** 1564

Elevations GR 4578 KB 4591

Digital Copies of ALL Logs must be Attached ☐

List All Logs Run:

FLUID VOLUMES USED IN DRILLING OPERATIONS

(Enter "0" if a type of a fluid was not used. Do not leave blank.)

Total Fluids (bbls): 690

Fresh Water (bbls): 690

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 0

CASING, LINER AND CEMENT

<u>Casing Type</u>	<u>Size of Hole</u>	<u>Size of Casing</u>	<u>Grade</u>	<u>Wt/Ft</u>	<u>Csg/Liner Top</u>	<u>Setting Depth</u>	<u>Sacks Cmt</u>	<u>Cmt Btm</u>	<u>Cmt Top</u>	<u>Status</u>
SURF	13+1/2	9+5/8	J-55	36	0	1607	560	1607	0	VISU

Bradenhead Pressure Action Threshold 482 psig

This threshold is calculated per Rule 308A.b.(2)G. If this well is located in a bradenhead test area (see Rule 207.b) per an Order of the Commission, it may be subject to a different threshold.

Does the casing centralization comply with Rule 317.g? Yes

If "NO", provide details below.

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	

Operator Comments:

The reason for suspension of drilling operation was due to economics. Operator did not have capital budget to drill production holes. The anticipated date of resumption is April 2023. Operator plans to move in a production drilling rig capable of drilling the designed wellbores. Drilling the wells would be supported by using oil based drilling fluids.

Centralizer program:

One Top-Co Bow Spring centralizer on bottom three (3) joints
One Top-Co Bow Spring centralizer on every 3rd joint
One Top-Co Bow Spring centralizer on top three (3) joints

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

Signed: _____

Print Name: Jenna BehmTitle: Regulatory Analyst Date: _____ Email: regulatory@civiresources.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
402830018	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402809231	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
402809230	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)