

FORM  
5

Rev  
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:

402947816

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: (303) 241-6910
Address: 410 17TH STREET SUITE #1400 Fax:
City: DENVER State: CO Zip: 80202 Email: Regulatory@civiresources.com

API Number 05-123-51160-00 County: WELD
Well Name: STATE ANTELOPE Well Number: E14-31-30XRLNB
Location: QtrQtr: SWSE Section: 31 Township: 5N Range: 62W Meridian: 6
Footage at surface: Distance: 660 feet Direction: FSL Distance: 2462 feet Direction: FEL
GPS Data: GPS Quality Value: Type of GPS Quality Value: Date of Measurement:
\*\* If directional footage at Top of Prod. Zone Dist: 362 feet Direction: FSL Dist: 2410 feet Direction: FEL
\*\* If directional footage at Bottom Hole Dist: 362 feet Direction: FSL Dist: 2410 feet Direction: FEL
Field Name: WATTENBERG Field Number: 90750
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 01/31/2022 Date TD: 01/31/2022 Date Casing Set or D&A: 02/01/2022
Rig Release Date: 02/01/2022 Per Rule 308A.b.

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

Total Depth MD 1724 TVD\*\* 1692 Plug Back Total Depth MD 350 TVD\*\* 350
Elevations GR 4550 KB 4563 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): 165 Fresh Water (bbls): 165
Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 0

### CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Grade	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top	Status
CONDUCTOR	24	16	A53B	52.78	0	93	103	93	0	VISU
OPEN HOLE	13+1/2				0	1724				

Bradenhead Pressure Action Threshold \_\_\_\_\_ 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?   No  

If "NO", provide details below.

Casing was not set

### STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date:   02/01/2022  

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	OPEN HOLE		295	329	650

Details of work:

Bonanza set and open hole plug from 339' -650 with 295 sks of cement.

### 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:

Bonanza has an unplanned sidetrack, the wellbore was not drilled to the intended well plan due to an error in transferring the directional plan data by the directional driller on the rig. After drilling surface casing to 1724' MD, bonanza sidetracked the well.

No logs were run, formation tops will be reported on the form 5 for the 01 wellbore.

As drilled GPS will be submitted on the form 5 for the 01 wellbore.

Rig Release date is specific to the original hole only.

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@civiresources.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b><u>Attachment Checklist</u></b>			
402954122	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402954161	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"/>
402954125	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b><u>Other Attachments</u></b>			
402954163	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)