

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:

403041277

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: Kamrin Stiver
Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY Phone: (303) 3128532
Address: 410 17TH STREET SUITE #1400 Fax:
City: DENVER State: CO Zip: 80202 Email: kstiver@civiresources.com

API Number 05-123-51161-00 County: WELD
Well Name: STATE ANTELOPE Well Number: 34-31-30XRLNC
Location: QtrQtr: SWSE Section: 31 Township: 5N Range: 62W Meridian: 6
Footage at surface: Distance: 540 feet Direction: FSL Distance: 2472 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: 10 feet Direction: FSL Dist: 1901 feet Direction: FEL
** If directional footage at Bottom Hole Dist: 469 feet Direction: FNL Dist: 1907 feet Direction: FEL
Field Name: WATTENBERG Field Number: 90750
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 01/30/2022 Date TD: 02/18/2022 Date Casing Set or D&A: 02/19/2022
Rig Release Date: 03/08/2022 Per Rule 308A.b.

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

Total Depth MD 16715 TVD** 6379 Plug Back Total Depth MD 16700 TVD** 6379
Elevations GR 4552 KB 4576 Digital Copies of ALL Logs must be Attached

List All Logs Run:
CBL, MWD, (RESISTIVITY 123-51159)

FLUID VOLUMES USED IN DRILLING OPERATIONS
(Enter "0" if a type of a fluid was not used. Do not leave blank.)
Total Fluids (bbls): 3312 Fresh Water (bbls): 899
Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 1850

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	A52B	42	0	80	100	80	0	VISU
SURF	13+1/2	9+5/8	J55	36	0	1689	650	1689	0	VISU
1ST	8+1/2	5+1/2	P110	17	0	16700	2630	16700	114	CBL

Bradenhead Pressure Action Threshold 507 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	
PARKMAN	3,442		NO	NO	
SUSSEX	4,136		NO	NO	
SHANNON	4,740		NO	NO	
SHARON SPRINGS	6,337		NO	NO	
NIOBRARA	6,386		NO	NO	

Operator Comments:

The TPZ footages are estimates calculated through Directional Plotting Software—from where the production string (5 1/2" casing) crosses the 460' setback hardline. The actual footages will be submitted with the Form 5A.
 Alternative Logging Program- No open hole resistivity log with gamma ray was run on this well per rule 317.p. A resistivity log was run on State Antelope O24-K21-31HNC (123-51159)

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

Signed: _____ Print Name: Kamrin Stiver

Title: Drilling Technician Date: _____ Email: kstiver@civresources.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
403041283	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
403041282	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			
403041278	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403041279	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403041280	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403041281	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)