

FORM
5Rev
12/20

State of Colorado

Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

403836532

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

ECMC Operator Number: 8960

Contact Name: Kamrin Stiver

Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY

Phone: (303) 3128532

Address: 555 17TH STREET SUITE 3700

Fax:

City: DENVER

State: CO

Zip: 80202

Email: kstiver@civiresources.com

API Number 05-123-52462-00

County: WELD

Well Name: State North Platte F-36 Fed

Well Number: 25N-30-05

Location: QtrQtr: NWNW Section: 36 Township: 5N Range: 63W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 378 feet Direction: FNL Distance: 640 feet Direction: FWL

As Drilled Latitude: 40.362153 As Drilled Longitude: -104.391645

GPS Data: GPS Quality Value: 1.2 Type of GPS Quality Value: PDOP Date of Measurement: 06/17/2024

** If directional footage at Top of Prod. Zone Dist: 470 feet Direction: FSL Dist: 2215 feet Direction: FEL
Sec: 25 Twp: 5N Rng: 63W
FNL/FSL FEL/FWL** If directional footage at Bottom Hole Dist: 311 feet Direction: FNL Dist: 2283 feet Direction: FEL
Sec: 13 Twp: 5N Rng: 63W
FNL/FSL FEL/FWL

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number: COC027517

Spud Date: (when the 1st bit hit the dirt) 04/08/2024 Date TD: 04/13/2024 Date Casing Set or D&A: 04/14/2024

Rig Release Date: 04/26/2024 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 22208 TVD** 6373 Plug Back Total Depth MD 22194 TVD** 6373

Elevations GR 4544 KB 4569

Digital Copies of ALL Logs must be Attached



List All Logs Run:

CBL, MWD, RES

FLUID VOLUMES USED IN DRILLING OPERATIONS

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

Total Fluids (bbls): 4824

Fresh Water (bbls): 1322

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 2002

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	26	16	B	36.95	0	100	100	100	0	VISU
SURF	13+1/2	9+5/8	J55	36	0	1852	836	1852	0	VISU
1ST	8+1/2	5+1/2	P110	20	0	22194	3450	22194	250	CBL

Bradenhead Pressure Action Threshold 556 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 ECMC)
	Top	Bottom	DST	Cored	
PARKMAN	3,516		NO	NO	
SUSSEX	4,024		NO	NO	
SHANNON	5,871		NO	NO	
SHARON SPRINGS	6,662		NO	NO	
NIOBRARA	6,703		NO	NO	

Operator Comments:

The TPZ footages are estimates calculated through Directional Plotting Software—from where the production string (5 ½" casing) crosses the 460' setback hardline. The actual footages will be submitted with the Form 5A.
Open hole resistivity log with gamma ray was run on this well per rule 317.p.

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

Signed: _____

Print Name: Kamrin StiverTitle: Drilling Technician

Date: _____

Email: kstiver@civiresources.com

ATTACHMENT LIST

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
403836549	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
403836552	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"/>
<u>Other Attachments</u>			
403836537	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403836539	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403836541	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403836544	LAS-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403836546	PDF-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403836547	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)