

FORM  
5

Rev  
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:

404340117

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 05-123-51156-00 County: WELD  
Well Name: ORIGAMI A-O31 Well Number: 6S-10-02  
Location: QtrQtr: SWSE Section: 31 Township: 5N Range: 62W Meridian: 6  
FNL/FSL FEL/FWL  
Footage at surface: Distance: 540 feet Direction: FSL Distance: 2453 feet Direction: FEL  
As Drilled Latitude: 40.350543 As Drilled Longitude: -104.365899  
GPS Data: GPS Quality Value: 2.3 Type of GPS Quality Value: PDOP Date of Measurement: 09/04/2025  
FNL/FSL FEL/FWL  
\*\* If directional footage at Top of Prod. Zone Dist: 100 feet Direction: FNL Dist: 1518 feet Direction: FWL  
Sec: 6 Twp: 4N Rng: 62W  
FNL/FSL FEL/FWL  
\*\* If directional footage at Bottom Hole Dist: 106 feet Direction: FSL Dist: 1495 feet Direction: FWL  
Sec: 6 Twp: 4N Rng: 62W  
Field Name: WATTENBERG Field Number: 90750  
Federal, Indian or State Lease Number: OG-106634

Spud Date: (when the 1st bit hit the dirt) 06/21/2025 Date TD: 06/23/2025 Date Casing Set or D&A: 06/23/2025  
Rig Release Date: 07/04/2025 Per Rule 308A.b.

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

Total Depth MD 12155 TVD\*\* 6368 Plug Back Total Depth MD 12145 TVD\*\* 6368  
Elevations GR 4578 KB 4603 Digital Copies of ALL Logs must be Attached

List All Logs Run:  
CBL, MWD, (RES 123-51157)

FLUID VOLUMES USED IN DRILLING OPERATIONS  
(Enter "0" if a type of a fluid was not used. Do not leave blank.)  
Total Fluids (bbls): 4393 Fresh Water (bbls): 1590  
Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 2527

### 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	80	100	80	0	VISU
SURF	13+1/2	9+5/8	J55	36	0	1705	711	1705	0	VISU
1ST	8+1/2	5+1/2	P110	20	0	12145	1950	12145	115	CBL

Bradenhead Pressure Action Threshold   512   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	
SHARON SPRINGS	6,476		NO	NO	
NIOBRARA	6,549		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 Origami State A-O31 6S-10-03 (123-51157)

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@civiresources.com

**ATTACHMENT LIST**

Att Doc Num	Document Name	attached ?	
<b><u>Attachment Checklist</u></b>			
404340251	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
404340250	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><u>Other Attachments</u></b>			
404340242	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404340247	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404340248	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404340249	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)