

FORM
5Rev
09/14

State of Colorado

Oil and Gas Conservation Commission

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



DE ET OE ES

Document Number:

400948667

Date Received:

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary completion

OGCC Operator Number: 8960

Contact Name: Jessica Azzolina

Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY

Phone: (720) 440-6100

Address: 410 17TH STREET SUITE #1400

Fax: (720) 279-2331

City: DENVER State: CO Zip: 80202

API Number 05-123-41765-00

County: WELD

Well Name: North Platte

Well Number: 31-34-34HNC

Location: QtrQtr: SESW Section: 27 Township: 5N Range: 63W Meridian: 6

Footage at surface: Distance: 1204 feet Direction: FSL Distance: 2502 feet Direction: FWL

As Drilled Latitude: 40.366522 As Drilled Longitude: -104.422290

GPS Data:

Date of Measurement: 10/13/2015 PDOP Reading: 2.8 GPS Instrument Operator's Name: Casey Kohout

** If directional footage at Top of Prod. Zone Dist.: 538 feet. Direction: FNL Dist.: 2171 feet. Direction: FEL

Sec: 34 Twp: 5N Rng: 63W

** If directional footage at Bottom Hole Dist.: 478 feet. Direction: FSL Dist.: 2077 feet. Direction: FEL

Sec: 34 Twp: 5N Rng: 63W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 08/25/2015 Date TD: 09/25/2015 Date Casing Set or D&A: 09/26/2015

Rig Release Date: 10/08/2015 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 11273 TVD** 6399 Plug Back Total Depth MD 11273 TVD** 6399

Elevations GR 4541 KB 4558 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

Mud, CBL, Gamma, (OH log ran on the NP K21-O24-34HC, API # 05-123-41885)

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	13+1/2	9+5/8	36	0	1,680	755	0	1,680	CALC
1ST	8+3/4	7	26	0	6,975	870	0	6,975	CBL
1ST LINER	6+1/8	4+1/2	11.6	6205	11,265				VISU

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	3,375		NO	NO	
SHARON SPRINGS	6,328		NO	NO	
NIOBRARA	6,477		NO	NO	No Sussex or Shannon present

Comment:

OH log ran on the NP K21-O24-34HC API # 05-123-41885

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

Signed: _____

Print Name: Jessica Azzolina

Title: Drilling Tech

Date: _____

Email: jazzolina@bonanzacrk.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400948723	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400948720	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>					
400948693	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400948696	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400948698	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400948715	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400948716	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400948721	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)