

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:

400705705

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: 10459

Contact Name: Dustin Dyk

Name of Operator: EXTRACTION OIL &amp; GAS LLC

Phone: (970) 670-6073

Address: 1888 SHERMAN ST #200

Fax:

City: DENVER

State: CO

Zip: 80203

API Number 05-123-38924-00

County: WELD

Well Name: RUBYANNA

Well Number: 13NB-31W

Location: QtrQtr: SESE Section: 13 Township: 6N Range: 67W Meridian: 6

Footage at surface: Distance: 703 feet Direction: FSL Distance: 225 feet Direction: FEL

As Drilled Latitude: 40.481810 As Drilled Longitude: -104.833207

## GPS Data:

Date of Measurement: 09/09/2014

PDOP Reading: 2.3

GPS Instrument Operator's Name: Own McKee

\*\* If directional footage at Top of Prod. Zone Dist.: 499 feet. Direction: FSL Dist.: 616 feet. Direction: FEL

Sec: 13 Twp: 6N Rng: 67W

\*\* If directional footage at Bottom Hole Dist.: 454 feet. Direction: FSL Dist.: 634 feet. Direction: FWL

Sec: 13 Twp: 6N Rng: 67W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 04/30/2014 Date TD: 05/05/2014 Date Casing Set or D&amp;A: 05/06/2014

Rig Release Date: 05/24/2014 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 11716 TVD\*\* 7005 Plug Back Total Depth MD 7368 TVD\*\* 7015

Elevations GR 4829 KB 24

Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

## 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
CONDUCTOR	24	16		0	80	100	0	80	VISU
SURF	12+1/4	9+5/8	36	0	766	215	0	766	VISU
1ST	8+3/4	7	26	0	7,368	900	0	7,368	CBL
1ST LINER	6+1/8	4+1/2	13.5	6466	11,712				

## 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	
NIOBRARA	6,976	11,716	NO	NO	

Comment:

The Open Hole Log was run on Rubyanna 13C-30W and is attached to its Form 5.

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

Signed: \_\_\_\_\_

Print Name: Dustin Dyk

Title: Drilling Manager

Date: \_\_\_\_\_

Email: ddyk@extractionog.com

## Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400705771	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" 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>					
400705733	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400705748	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400705750	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400705756	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400705758	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400705767	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400705792	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)