

FORM
5
Rev
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



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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 & 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&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 ?	
Attachment Checklist			
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"/>
Other Attachments			
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

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)