

DRILLING COMPLETION REPORT

Document Number:
400772375

Date Received:

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: Kaleb Roush
 Name of Operator: EXTRACTION OIL & GAS LLC Phone: (720) 557-8322
 Address: 1888 SHERMAN ST #200 Fax: _____
 City: DENVER State: CO Zip: 80203

API Number 05-123-40257-00 County: WELD
 Well Name: Thornton Well Number: 3
 Location: QtrQtr: NWSW Section: 8 Township: 7N Range: 66W Meridian: 6
 Footage at surface: Distance: 1409 feet Direction: FSL Distance: 330 feet Direction: FWL
 As Drilled Latitude: 40.586024 As Drilled Longitude: -104.810364

GPS Data:
 Date of Measurement: 03/20/2015 PDOP Reading: 1.8 GPS Instrument Operator's Name: Frank Convino

** If directional footage at Top of Prod. Zone Dist.: 2179 feet. Direction: FSL Dist.: 726 feet. Direction: FWL
 Sec: 8 Twp: 7N Rng: 66W
 ** If directional footage at Bottom Hole Dist.: 2087 feet. Direction: FSL Dist.: 602 feet. Direction: FEL
 Sec: 9 Twp: 7N Rng: 66W

Field Name: WATTENBERG Field Number: 90750
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 02/19/2015 Date TD: 03/04/2015 Date Casing Set or D&A: 03/06/2015
 Rig Release Date: 03/08/2015 Per Rule 308A.b.

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

Total Depth MD 17347 TVD** 7605 Plug Back Total Depth MD 17280 TVD** 7605
 Elevations GR 5033 KB 5027 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, GR, Mudlog, Open Hole Log

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	42	0	80	100	0	80	VISU
SURF	13+1/2	9+5/8	36	0	808	350	0	808	VISU
1ST	8+3/4	7	26	8012	8,012	807	0	8,012	CBL
1ST LINER	6+1/8	4+1/2	13.5	6759	17,280	735	6,759	17,280	CALC

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	
CODELL	8,052		NO	NO	

Comment:

The Open Hole Log was run on this well and is attached here for all the Thornton wells.

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

Signed: _____

Print Name: Kaleb Roush

Title: Drilling Technician

Date: _____

Email: kroush@extractionog.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400804358	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400805059	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"/>
Other Attachments			
400805069	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400810339	LAS-COMBINATION OPEN HOLE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400810340	PDF-COMBINATION OPEN HOLE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400810345	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400811160	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400811161	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400811162	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400811165	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400811167	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400811168	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400811169	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400811170	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400813264	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400813265	PDF-CEMENT BOND	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)