

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:
400761442

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: 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 05-123-37257-00 County: WELD
 Well Name: KODAK Well Number: 10
 Location: QtrQtr: SWNW Section: 27 Township: 6N Range: 67W Meridian: 6
 Footage at surface: Distance: 1341 feet Direction: FNL Distance: 1042 feet Direction: FWL
 As Drilled Latitude: 40.461490 As Drilled Longitude: -104.885380

GPS Data:
 Date of Measurement: 03/11/2015 PDOP Reading: 1.9 GPS Instrument Operator's Name: Adam Kelly

** If directional footage at Top of Prod. Zone Dist.: 2375 feet. Direction: FNL Dist.: 566 feet. Direction: FEL
 Sec: 28 Twp: 6N Rng: 67W
 ** If directional footage at Bottom Hole Dist.: 2211 feet. Direction: FNL Dist.: 513 feet. Direction: FWL
 Sec: 29 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) 12/31/2014 Date TD: 02/03/2015 Date Casing Set or D&A: 02/06/2015
 Rig Release Date: 03/02/2015 Per Rule 308A.b.

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

Total Depth MD 16905 TVD** 6960 Plug Back Total Depth MD 16905 TVD** 6960

Elevations GR 4770 KB 4794 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, GR, Mudlog

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	798	335	0	798	VISU
1ST	8+3/4	7+0/0	26	0	7,491	755	0	7,491	CBL
1ST LINER	6+1/8	4+1/2	13.5	6587	16,905				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	
NIOBRARA	7,087		NO	NO	

Comment:

The Open Hole Log was run on Kodak 3 (05-123-41120) 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: Kaleb Roush

Title: Drilling Tech

Date: _____

Email: kroush@extractionog.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400789009	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400788525	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>			
400788524	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400788531	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400788533	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400804529	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400819195	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400819197	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400819199	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400819200	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400820470	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400820471	LAS-GAMMA RAY	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)