

FORM
5ARev
06/12

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:

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Date Received:

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 10459 4. Contact Name: Troy Owens
 2. Name of Operator: EXTRACTION OIL & GAS LLC Phone: (720) 557-8303
 3. Address: 1888 SHERMAN ST #200 Fax: _____
 City: DENVER State: CO Zip: 80203 Email: towens@extractionog.com

5. API Number 05-123-09150-00 6. County: WELD
 7. Well Name: BANGERT Well Number: 41-19
 8. Location: QtrQtr: NENE Section: 19 Township: 2N Range: 66W Meridian: 6
 9. Field Name: SPINDLE Field Code: 77900

Completed Interval

FORMATION: SUSSEX Status: PRODUCING Treatment Type: FRACTURE STIMULATION
 Treatment Date: 04/14/1977 End Date: 04/14/1977 Date of First Production this formation: 04/14/1977
 Perforations Top: 4544 Bottom: 4568 No. Holes: 24 Hole size: _____
 Provide a brief summary of the formation treatment: _____ Open Hole: ☐
 This formation is commingled with another formation: ☐ Yes ☒ No
 Total fluid used in treatment (bbl): 1862 Max pressure during treatment (psi): _____
 Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____
 Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____
 Total acid used in treatment (bbl): _____ Number of staged intervals: _____
 Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
 Fresh water used in treatment (bbl): _____ Disposition method for flowback: DISPOSAL
 Total proppant used (lbs): 296000 Rule 805 green completion techniques were utilized: ☒
 Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/18/1977 Hours: 24 Bbl oil: 107 Mcf Gas: 215 Bbl H2O: 0
 Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____
 Test Method: Pumping Casing PSI: 800 Tubing PSI: _____ Choke Size: _____
 Gas Disposition: SOLD Gas Type: WET Btu Gas: 4 API Gravity Oil: 40
 Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____
 Reason for Non-Production: _____
 Date formation Abandoned: _____ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____
 ** Bridge Plug Depth: _____ ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

Comment:

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

Signed: _____ Print Name: Troy Owens

Title: Engineer Date: _____ Email towens@extractionog.com
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Attachment Check List

Att Doc Num **Name**

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Total Attach: 0 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)