

FORM 5A

Rev 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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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 05-123-36164-00 6. County: WELD  
 7. Well Name: WINDER Well Number: 9-41  
 8. Location: QtrQtr: NENE Section: 9 Township: 6N Range: 67W Meridian: 6  
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION  
 Treatment Date: 11/20/2013 End Date: 11/20/2013 Date of First Production this formation: 12/22/2013  
 Perforations Top: 7178 Bottom: 7414 No. Holes: 144 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): 9319 Max pressure during treatment (psi): 8595  
 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: RECYCLE  
 Total proppant used (lbs): 274870 Rule 805 green completion techniques were utilized:   
 Reason why green completion not utilized: \_\_\_\_\_

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 12/24/2013 Hours: 24 Bbl oil: 11 Mcf Gas: 22 Bbl H2O: 7  
 Calculated 24 hour rate: Bbl oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbl H2O: \_\_\_\_\_ GOR: \_\_\_\_\_  
 Test Method: Measured Casing PSI: \_\_\_\_\_ Tubing PSI: \_\_\_\_\_ Choke Size: \_\_\_\_\_  
 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1 API Gravity Oil: 44  
 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)