

Document Number:
400849541

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 05-123-36164-00 County: WELD
 Well Name: WINDER Well Number: 9-41
 Location: QtrQtr: NENE Section: 9 Township: 6N Range: 67W Meridian: 6
 Footage at surface: Distance: 651 feet Direction: FNL Distance: 685 feet Direction: FEL
 As Drilled Latitude: 40.507218 As Drilled Longitude: -104.891281

GPS Data:
 Date of Measurement: 06/10/2015 PDOP Reading: 1.8 GPS Instrument Operator's Name: Alan Hnizdo

** If directional footage at Top of Prod. Zone Dist.: 67 feet. Direction: FSL Dist.: 58 feet. Direction: FWL
 Sec: 3 Twp: 6N Rng: 67W
 ** If directional footage at Bottom Hole Dist.: 82 feet. Direction: FSL Dist.: 70 feet. Direction: FWL
 Sec: 3 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) 10/12/2013 Date TD: 10/28/2015 Date Casing Set or D&A: 10/30/2015
 Rig Release Date: 10/30/2015 Per Rule 308A.b.

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

Total Depth MD 7557 TVD** 7448 Plug Back Total Depth MD 7500 TVD** 7406
 Elevations GR 4868 KB 4880 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
Triple Combination, CBL

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
SURF	12+1/4	8+5/8	24	0	675	392	0	675	VISU
1ST	7+7/8	4+1/2	11.6	0	7,500	686	0	7,500	CBL

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	
SUSSEX	4,162		NO	NO	
SHANNON	4,732		NO	NO	
NIOBRARA	7,165		NO	NO	
FORT HAYS	7,382		NO	NO	
CODELL	7,402		NO	NO	

Comment:

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: Engineering Technician Date: _____ Email: kroush@extractionog.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400849869	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400849623	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			
400849583	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400849584	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400849607	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400849618	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400849670	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400849671	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)