

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.

Document Number:
400879966

Date Received:

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: 370 17TH STREET SUITE 5300 Fax: _____

City: DENVER State: CO Zip: 80202

API Number 05-123-41433-00 County: WELD

Well Name: Troutd Well Number: 1

Location: QtrQtr: SESE Section: 32 Township: 2N Range: 67W Meridian: 6

Footage at surface: Distance: 537 feet Direction: FSL Distance: 951 feet Direction: FEL

As Drilled Latitude: 40.089068 As Drilled Longitude: -104.908715

GPS Data:
Date of Measurement: 09/24/2015 PDOP Reading: 1.9 GPS Instrument Operator's Name: Ben Milius

** If directional footage at Top of Prod. Zone Dist.: 481 feet. Direction: FSL Dist.: 20 feet. Direction: FEL
Sec: 32 Twp: 2N Rng: 67W

** If directional footage at Bottom Hole Dist.: 41 feet. Direction: FNL Dist.: 16 feet. Direction: FEL
Sec: 29 Twp: 2N Rng: 67W

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 07/26/2015 Date TD: 09/15/2015 Date Casing Set or D&A: 09/14/2015

Rig Release Date: 09/17/2015 Per Rule 308A.b.

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

Total Depth MD 17859 TVD** 7539 Plug Back Total Depth MD 17859 TVD** 7539

Elevations GR 5076 KB 5096 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
Mudlog, Gamma Ray, 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
CONDUCTOR	24	16	42	0	80	100	0	80	VISU
SURF	13+1/2	9+5/8	36	0	1,547	827	0	1,547	VISU
1ST	7+7/8	5+1/2	20	0	17,860	2,340	1,010	17,860	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	
PARKMAN	4,263		NO	NO	
SUSSEX	4,779		NO	NO	
SHANNON	5,262		NO	NO	
SHARON SPRINGS	7,811		NO	NO	
NIOBRARA	7,852		NO	NO	

Comment:

The Open Hole Log was run on Troudt 6 (05-123-41436) and is attached to it's 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: Engineering Technician

Date: _____

Email: kroush@extractionog.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400902848	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400920161	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			
400902846	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400902847	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400908364	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400920128	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400920135	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400920158	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400920159	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)