

FORM
5Rev
09/14State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400854251

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: 370 17TH STREET SUITE 5300

Fax:

City: DENVER State: CO Zip: 80202

API Number 05-123-40346-00

County: WELD

Well Name: Waag

Well Number: 20

Location: QtrQtr: SESW Section: 19 Township: 7N Range: 65W Meridian: 6

Footage at surface: Distance: 345 feet Direction: FSL Distance: 2403 feet Direction: FWL

As Drilled Latitude: 40.554419 As Drilled Longitude: -104.707219

GPS Data:

Date of Measurement: 06/11/2015 PDOP Reading: 2.6 GPS Instrument Operator's Name: Alan Hnizdo

** If directional footage at Top of Prod. Zone Dist.: 1165 feet. Direction: FSL Dist.: 2143 feet. Direction: FWL

Sec: 19 Twp: 7N Rng: 65W

** If directional footage at Bottom Hole Dist.: 1163 feet. Direction: FSL Dist.: 2194 feet. Direction: FEL

Sec: 24 Twp: 7N Rng: 66W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 06/01/2015 Date TD: 10/02/2015 Date Casing Set or D&A: 10/03/2015

Rig Release Date: 10/11/2015 Per Rule 308A.b.

Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 11856 TVD** 7092 Plug Back Total Depth MD 11856 TVD** 7092

Elevations GR 4868 KB 4888 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

CBL, Gamma Ray, 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	877	390	0	877	VISU
1ST	7+7/8	5+1/2	20	0	11,856	1,469	70	11,856	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	3,889		NO	NO	
SUSSEX	4,655		NO	NO	
SHANNON	5,066		NO	NO	
SHARON SPRINGS	7,185		NO	NO	
NIOBRARA	7,259		NO	NO	

Comment:

The Open Hole Log was run on Waag 19 (05-123-40351-01) and is attached to its form 5.

Please note that the surface casing on this well was drilled by a spudder rig prior re-permitting this well to a monobore design. The sundry was submitted and approved using our monobore template which has the surface casing set at 1500'. We apologize for this discrepancy.

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 ?	
<u>Attachment Checklist</u>			
400854484	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400931018	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>			
400931015	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400931017	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400940193	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400940194	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400940195	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400940196	PDF-MUD	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)