

FORM 5

Rev 09/14

**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:
400921408

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: <u>10459</u>	Contact Name: <u>Kaleb Roush</u>
Name of Operator: <u>EXTRACTION OIL & GAS LLC</u>	Phone: <u>(720) 557-8322</u>
Address: <u>370 17TH STREET SUITE 5300</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

API Number <u>05-123-42263-00</u>	County: <u>WELD</u>
Well Name: <u>Meader</u>	Well Number: <u>4</u>
Location: QtrQtr: <u>SESW</u> Section: <u>5</u> Township: <u>11N</u> Range: <u>63W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>350</u> feet Direction: <u>FSL</u> Distance: <u>2574</u> feet Direction: <u>FWL</u>	
As Drilled Latitude: <u>40.945032</u> As Drilled Longitude: <u>-104.457025</u>	

GPS Data:
Date of Measurement: 11/07/2015 PDOP Reading: 3.2 GPS Instrument Operator's Name: Charles Scott

** If directional footage at Top of Prod. Zone Dist.: 355 feet. Direction: FSL Dist.: 666 feet. Direction: FWL
Sec: 5 Twp: 11N Rng: 63W
** If directional footage at Bottom Hole Dist.: 346 feet. Direction: FNL Dist.: 691 feet. Direction: FWL
Sec: 32 Twp: 12N Rng: 63W

Field Name: WILDCAT Field Number: 99999
Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 10/25/2015 Date TD: 10/31/2012 Date Casing Set or D&A: 11/01/2015
Rig Release Date: 11/02/2015 Per Rule 308A.b.

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

Total Depth MD <u>18250</u> TVD** <u>7691</u>	Plug Back Total Depth MD <u>18250</u> TVD** <u>7691</u>
Elevations GR <u>5357</u> KB <u>5377</u>	Digital Copies of ALL Logs must be Attached per Rule 308A <input checked="" type="checkbox"/>

List Electric Logs Run:
CBL, GR, Mudlog, OHL

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	1,545	1,010	0	1,545	VISU
1ST	7+7/8	5+1/2	20	0	18,250	2,932	1,340	18,250	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	4,513		NO	NO	
SUSSEX	5,484		NO	NO	
SHANNON	6,126		NO	NO	
SHARON SPRINGS	7,733		NO	NO	
NIOBRARA	7,790		NO	NO	
FORT HAYS	8,086		NO	NO	
CODELL	8,217		NO	NO	

Comment:

The OHL was run on this well for the Meader pad and is attached to this 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			
400932167	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400932559	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			
400932163	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400932164	PDF-COMBINATION OPEN HOLE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400932165	LAS-COMBINATION OPEN HOLE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400932560	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400954781	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400954782	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400954784	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400954785	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)