

FORM
5Rev
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



DE ET OE ES

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: 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 05-123-42263-00

County: WELD

Well Name: Meader

Well Number: 4

Location: QtrQtr: SESW Section: 5 Township: 11N Range: 63W Meridian: 6

Footage at surface: Distance: 350 feet Direction: FSL Distance: 2574 feet Direction: FWL

As Drilled Latitude: 40.945032 As Drilled Longitude: -104.457025

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 18250 TVD** 7691 Plug Back Total Depth MD 18250 TVD** 7691

Elevations GR 5357 KB 5377 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

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 ?	
<u>Attachment Checklist</u>			
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"/>
<u>Other Attachments</u>			
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)