

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:
400951033

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 05-123-41666-00 County: WELD

Well Name: Fairview Well Number: 2

Location: QtrQtr: NWSW Section: 5 Township: 2N Range: 68W Meridian: 6

Footage at surface: Distance: 1855 feet Direction: FSL Distance: 502 feet Direction: FWL

As Drilled Latitude: 40.165762 As Drilled Longitude: -105.034765

GPS Data:
Date of Measurement: 03/01/2016 PDOP Reading: 2.3 GPS Instrument Operator's Name: Daniel Rexford

** If directional footage at Top of Prod. Zone Dist.: 2117 feet. Direction: FSL Dist.: 465 feet. Direction: FWL
Sec: 5 Twp: 2N Rng: 68W

** If directional footage at Bottom Hole Dist.: 2145 feet. Direction: FSL Dist.: 2169 feet. Direction: FWL
Sec: 4 Twp: 2N Rng: 68W

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 02/05/2015 Date TD: 02/15/2016 Date Casing Set or D&A: 02/16/2016

Rig Release Date: 02/16/2016 Per Rule 308A.b.

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

Total Depth MD 14292 TVD** 7904 Plug Back Total Depth MD 14292 TVD** 7904

Elevations GR 4942 KB 4962 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, OHL, GR, 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	1,555	1,020	0	1,555	VISU
1ST LINER	7+7/8	5+1/2	20	0	14,292	1,865	214	14,292	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	3,443		NO	NO	
SUSSEX	4,060		NO	NO	
SHANNON	4,444		NO	NO	
SHARON SPRINGS	6,974		NO	NO	
NIOBRARA	7,033		NO	NO	
CODELL	7,278		NO	NO	
CARLILE	7,306		NO	NO	
GREENHORN	7,327		NO	NO	
GRANEROS	7,598		NO	NO	
MOWRY	8,015		NO	NO	
J SAND	8,619		NO	NO	

Comment:

Combination open hole logs were run on this well for the Fairview pad.

The TPZ footages are estimates as this well will have delayed completions due to economic and logistical reasons.

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			
400999257	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400998085	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			
400998086	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400999176	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400999181	PDF-COMBINATION OPEN HOLE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400999219	LAS-COMBINATION OPEN HOLE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400999244	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400999245	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400999250	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400999253	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)