

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:

400951055

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 05-123-41525-00

County: WELD

Well Name: Fairview

Well Number: 8

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

Footage at surface: Distance: 1855 feet Direction: FSL Distance: 334 feet Direction: FWL

As Drilled Latitude: 40.165765 As Drilled Longitude: -105.035350

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.: 1633 feet. Direction: FSL Dist.: 460 feet. Direction: FWL

Sec: 5 Twp: 2N Rng: 68W

** If directional footage at Bottom Hole Dist.: 1646 feet. Direction: FSL Dist.: 2161 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) 12/09/2015 Date TD: 01/02/2016 Date Casing Set or D&A: 01/03/2016

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 14420 TVD** 7248 Plug Back Total Depth MD 14420 TVD** 7248

Elevations GR 4947 KB 4967 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

CBL, GR, Mudlog (Combination OHLs on Fairview 2)

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	848	0	1,547	VISU
1ST LINER	7+7/8	5+1/2	20	0	14,420	1,900	68	14,420	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	3,453		NO	NO	
SUSSEX	4,043		NO	NO	
SHANNON	4,437		NO	NO	
SHARON SPRINGS	7,180		NO	NO	
NIOBRARA	7,890		NO	NO	

Comment:

Combination open hole logs were run on the Fairview 2 (05-123-41666) 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 ?
<u>Attachment Checklist</u>		
401000646	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400971976	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>		
400971974	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401000627	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401000635	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401000637	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401000639	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401000640	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)