

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:

400951062

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 05-123-41524-00

County: WELD

Well Name: Fairview

Well Number: 11

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

Footage at surface: Distance: 1855 feet Direction: FSL Distance: 250 feet Direction: FWL

As Drilled Latitude: 40.165771 As Drilled Longitude: -105.035653

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.: 2000 feet. Direction: FSL Dist.: 285 feet. Direction: FEL

Sec: 5 Twp: 2N Rng: 68W

** If directional footage at Bottom Hole Dist.: 2000 feet. Direction: FSL Dist.: 285 feet. Direction: FEL

Sec: 5 Twp: N Rng: 68W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 12/11/2015 Date TD: 12/21/2015 Date Casing Set or D&A: 12/21/2015

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 12232 TVD** 7556 Plug Back Total Depth MD 12232 TVD** 7556

Elevations GR 4948 KB 4968 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

All logs will be attached to the -01 wellbore.

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	1,543	850	0	1,543	VISU
OPEN HOLE	7+7/8			0	12,232				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	3,401		NO	NO	
SUSSEX	3,981		NO	NO	
SHANNON	4,396		NO	NO	
SHARON SPRINGS	6,936		NO	NO	
NIOBRARA	7,001		NO	NO	
FORT HAYS	7,355		NO	NO	
CODELL	8,238		NO	NO	

Comment:

Combination open hole logs were run on the Fairview 2 (05-123-41666) for the Fairview pad.

We hit a fault in the lateral that threw us out of zone into the Fort Hayes. We performed an open hole sidetrack on this well in order to drill the rest of the well in zone. The point of sidetrack was at 8460'.

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>					
401000685	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
401000684	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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400971714	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)