

FORM
5A
Rev
06/12

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:
401061535

Date Received:

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: <u>10459</u>	4. Contact Name: <u>Troy Owens</u>
2. Name of Operator: <u>EXTRACTION OIL & GAS LLC</u>	Phone: <u>(720) 557-8303</u>
3. Address: <u>370 17TH STREET SUITE 5300</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>towens@extractionog.com</u>

5. API Number <u>05-123-42359-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Janssen</u>	Well Number: <u>2</u>
8. Location: QtrQtr: <u>SENW</u> Section: <u>8</u> Township: <u>6N</u> Range: <u>65W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: CODELL-FORT HAYS Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 04/18/2016 End Date: 04/25/2016 Date of First Production this formation: 06/21/2016

Perforations Top: 7878 Bottom: 11891 No. Holes: 108 Hole size: 11/25

Provide a brief summary of the formation treatment: _____ Open Hole:

36 cemented sleeve stages, 2 plug and perf stages;
 54563 total bbls of fluid pumped; 78 bbls of 15% HCl acid, 5201 bbls of recycled water, 49284 bbls of fresh water;
 4309456 total lbs of 40/70 proppant pumped

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 54563 Max pressure during treatment (psi): 11962

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.33

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 1.02

Total acid used in treatment (bbl): 78 Number of staged intervals: 38

Recycled water used in treatment (bbl): 5201 Flowback volume recovered (bbl): 1824

Fresh water used in treatment (bbl): 49284 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 4309456 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 06/22/2016 Hours: 24 Bbl oil: 539 Mcf Gas: 558 Bbl H2O: 355

Calculated 24 hour rate: Bbl oil: 539 Mcf Gas: 558 Bbl H2O: 355 GOR: 1035

Test Method: Measured Casing PSI: 1629 Tubing PSI: 1301 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1214 API Gravity Oil: 46

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7411 Tbg setting date: 06/14/2016 Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: _____ ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: CODELL Status: COMMINGLED Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: _____

Perforations Top: 8346 Bottom: 11590 No. Holes: 27 Hole size: 2

Provide a brief summary of the formation treatment: _____ Open Hole:

Completion depths: 8346 - 9478; 10207 - 11590;

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____

Total acid used in treatment (bbl): _____ Number of staged intervals: _____

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____

Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: _____ ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: FORT HAYS Status: COMMINGLED Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: _____

Perforations Top: 7878 Bottom: 11891 No. Holes: 81 Hole size: 11/25

Provide a brief summary of the formation treatment: _____ Open Hole:

Completion depths: 7878 - 8257; 9607 - 10075; 11676 - 11891;

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____

Total acid used in treatment (bbl): _____ Number of staged intervals: _____

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____

Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: _____ ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

Comment: _____

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Troy Owens

Title: Engineer Date: _____ Email towens@extractionog.com

Attachment Check List

Att Doc Num	Name
401080342	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)