

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:

401163055

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: Kamrin Ruder

Name of Operator: EXTRACTION OIL & GAS LLC

Phone: (720) 9747743

Address: 370 17TH STREET SUITE 5300

Fax:

City: DENVER

State: CO

Zip: 80202

API Number 05-123-43849-00

County: WELD

Well Name: Mickey

Well Number: 6

Location: QtrQtr: SWNE Section: 5 Township: 6N Range: 67W Meridian: 6

Footage at surface: Distance: 2420 feet Direction: FNL Distance: 1843 feet Direction: FEL

As Drilled Latitude: 40.516395 As Drilled Longitude: -104.914469

GPS Data:

Date of Measurement: 02/21/2017 PDOP Reading: 3.5 GPS Instrument Operator's Name: Sam Turk

** If directional footage at Top of Prod. Zone Dist.: 2524 feet. Direction: FNL Dist.: 1743 feet. Direction: FEL

Sec: 5 Twp: 6N Rng: 67W

** If directional footage at Bottom Hole Dist.: 2524 feet. Direction: FNL Dist.: 1743 feet. Direction: FEL

Sec: 5 Twp: 6N Rng: 67W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 11/29/2016 Date TD: 12/08/2016 Date Casing Set or D&A: 12/08/2016

Rig Release Date: 02/12/2017 Per Rule 308A.b.

Well Classification:

☐ Dry ☐ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 1550 TVD** 1514 Plug Back Total Depth MD 987 TVD** 1514

Elevations GR 4881 KB 4906

Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

No logs were ran on this well.

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	12+1/4	9+5/8	36	0	987	750	0	987	VISU

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	

Comment:

There were issues on the Mickey 6, drilled the well to TD and ran casing to 1000'. Lost circulation and could not effectively place cement. We tried to salvage it and shot holes and pump cement however our efforts were successful. We would plugged the well and drilled the same proposed well from a new slot directly 8' North of the original.

TMD Drilled = 1550'

Casing Set @ 1000' 36# J-55 9 5/8"

Fish = None (unless you consider the casing from surface to 1000')

Plugs for surface casing will be 15.8# class C.

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

Signed: _____

Print Name: Kamrin Ruder

Title: Drilling Technician

Date: _____

Email: kruder@extractionog.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
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Attachment Checklist

401257361	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" 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"/>

Other Attachments

401257808	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)