

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:

401305998

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: 10459

2. Name of Operator: EXTRACTION OIL & GAS LLC

3. Address: 370 17TH STREET SUITE 5300

City: DENVER State: CO Zip: 80202

4. Contact Name: Troy Owens

Phone: (720) 557-8303

Fax:

Email: towens@extractionog.com

5. API Number 05-123-43404-00

7. Well Name: Winder South

8. Location: QtrQtr: SENE Section: 9 Township: 6N Range: 67W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 2

Completed Interval

FORMATION: CODELL-FORT HAYS		Status: PRODUCING		Treatment Type: FRACTURE STIMULATION	
Treatment Date: 02/11/2017		End Date: 02/22/2017		Date of First Production this formation: 04/30/2017	
Perforations	Top: 7604	Bottom: 17003	No. Holes: 1693	Hole size: 11/25	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
48 stage plug and perf; 158136 total bbls of fresh water and 7.5% HCl acid pumped; 9600130 total lbs of 30/50 proppant pumped					
This formation is commingled with another formation:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Total fluid used in treatment (bbl): 158136		Max pressure during treatment (psi): 8972			
Total gas used in treatment (mcf):		Fluid density at initial fracture (lbs/gal): 8.34			
Type of gas used in treatment:		Min frac gradient (psi/ft): 1.03			
Total acid used in treatment (bbl): 12		Number of staged intervals: 48			
Recycled water used in treatment (bbl):		Flowback volume recovered (bbl): 23760			
Fresh water used in treatment (bbl): 158124		Disposition method for flowback: DISPOSAL			
Total proppant used (lbs): 9600130		Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>			
Reason why green completion not utilized: _____					
Fracture stimulations must be reported on FracFocus.org					
Test Information:					
Date: 05/02/2017	Hours: 24	Bbl oil: 629	Mcf Gas: 631	Bbl H2O: 1041	
Calculated 24 hour rate:	Bbl oil: 629	Mcf Gas: 631	Bbl H2O: 1041	GOR: 1003	
Test Method: Measured	Casing PSI: 2600	Tubing PSI: 2400	Choke Size: 18/64		
Gas Disposition: SOLD	Gas Type: WET	Btu Gas: 1325	API Gravity Oil: 43		
Tubing Size: 2 + 3/8	Tubing Setting Depth: 7491	Tbg setting date: 04/21/2017	Packer Depth: _____		
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 7604	Bottom: 17003	No. Holes: 1483	Hole size: 11/25	

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

Producing intervals: 7604' - 7919'; 8807' - 10562'; 10684' - 12360'; 12645' - 17003'

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: <input type="checkbox"/>

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: 7919 Bottom: 12612 No. Holes: 210 Hole size: 11/25
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Producing intervals: 7919' - 8760'; 10608' - 10647'; 12411' - 12612'

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

Attachment Check List

Att Doc Num **Name**

401306003 WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group **Comment**

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)