

DRILLING COMPLETION REPORT

Document Number:
401406264

Date Received:

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 INC Phone: (720) 9747743
 Address: 370 17TH STREET SUITE 5300 Fax: _____
 City: DENVER State: CO Zip: 80202

API Number 05-069-06490-00 County: LARIMER
 Well Name: McGirr Well Number: 6C
 Location: QtrQtr: NESE Section: 26 Township: 5N Range: 68W Meridian: 6
 Footage at surface: Distance: 1998 feet Direction: FSL Distance: 409 feet Direction: FEL
 As Drilled Latitude: 40.369144 As Drilled Longitude: -104.966162

GPS Data:
 Date of Measurement: 08/17/2017 PDOP Reading: 1.2 GPS Instrument Operator's Name: Christopher Guffey

** If directional footage at Top of Prod. Zone Dist.: 1499 feet. Direction: FSL Dist.: 460 feet. Direction: FEL
 Sec: 26 Twp: 5N Rng: 68W
 ** If directional footage at Bottom Hole Dist.: 1459 feet. Direction: FSL Dist.: 533 feet. Direction: FWL
 Sec: 27 Twp: 5N Rng: 68W

Field Name: WATTENBERG Field Number: 90750
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 06/05/2017 Date TD: 07/04/2017 Date Casing Set or D&A: 07/06/2017
 Rig Release Date: 07/23/2017 Per Rule 308A.b.

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 17010 TVD** 7071 Plug Back Total Depth MD 16997 TVD** 7071
 Elevations GR 4945 KB 4970 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, MUD, MWD, (Triple Combo in API 069-06493)

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	1,557	550	0	1,557	VISU
1ST	8+1/2	5+1/2	20	0	16,997	2,790	210	16,997	CBL

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	3,442		NO	NO	
SUSSEX	3,950		NO	NO	
SHANNON	4,490		NO	NO	
SHARON SPRINGS	6,830		NO	NO	
NIOBRARA	6,879		NO	NO	
FORT HAYS	7,385		NO	NO	
CODELL	7,500		NO	NO	

Comment:

The TPZ footages are estimates calculated through Directional Plotting Software—from where the production string (5 ½" casing) crosses the 460' setback hardline. The actual footages will be submitted with the Form 5A.
The triple combo log was ran on McGirr 1C (069-06493).

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 ?	
Attachment Checklist			
401406280	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401406278	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"/>
Other Attachments			
401406265	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401406270	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401406275	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401406276	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401406287	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)