

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



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Document Number:

401563156

Date Received:

03/12/2018

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 INC

Phone: (720) 9747743

Address: 370 17TH STREET SUITE 5300

Fax:

City: DENVER

State: CO

Zip: 80202

API Number 05-123-45658-00

County: WELD

Well Name: Jesser

Well Number: 3E-10-2C

Location: QtrQtr: NWSW Section: 3 Township: 4N Range: 68W Meridian: 6

Footage at surface: Distance: 2314 feet Direction: FSL Distance: 376 feet Direction: FWL

As Drilled Latitude: 40.341698 As Drilled Longitude: -104.997855

GPS Data:

Date of Measurement: 02/26/2018 PDOP Reading: 1.6 GPS Instrument Operator's Name: DANNY TUCKER

** If directional footage at Top of Prod. Zone Dist.: 395 feet. Direction: FNL Dist.: 460 feet. Direction: FWL

Sec: 3 Twp: 4N Rng: 68W

** If directional footage at Bottom Hole Dist.: 310 feet. Direction: FNL Dist.: 472 feet. Direction: FEL

Sec: 3 Twp: 4N Rng: 68W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 10/31/2017 Date TD: 11/28/2017 Date Casing Set or D&A: 11/30/2017

Rig Release Date: 01/13/2018 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 12415 TVD** 7290 Plug Back Total Depth MD 12404 TVD** 7290

Elevations GR 5114 KB 5143

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

List Electric Logs Run:

CBL, MUD, MWD, (Triple Combo in API 123-48668)

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	100	100	0	100	VISU
SURF	12+1/4	9+5/8	36	0	1,579	550	0	1,579	VISU
1ST	8+1/2	5+1/2	20	0	12,404	2,000	105	12,404	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	3,725		NO	NO	
SUSSEX	4,324		NO	NO	
SHANNON	4,798		NO	NO	
SHARON SPRINGS	7,303		NO	NO	
NIOBRARA	7,369		NO	NO	
FORT HAYS	7,892		NO	NO	
CODELL	8,092		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 Jesser 3E-10-6C (123-48668)

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: 3/12/2018 Email: kruder@extractionog.com

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
401565115	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
401565113	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"/>
<u>Other Attachments</u>		
401563156	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401565112	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401566061	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401566069	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401566075	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401566078	PDF-GAMMA RAY	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)