

DRILLING COMPLETION REPORT

Document Number:
401602572

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 05-123-46056-00 County: WELD
 Well Name: Milkshake Well Number: 31W-20-17N
 Location: QtrQtr: SWSW Section: 32 Township: 6N Range: 67W Meridian: 6
 Footage at surface: Distance: 1023 feet Direction: FSL Distance: 225 feet Direction: FWL
 As Drilled Latitude: 40.438775 As Drilled Longitude: -104.924532

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.: 33 feet. Direction: FSL Dist.: 460 feet. Direction: FEL
 Sec: 31 Twp: 6N Rng: 67W
 ** If directional footage at Bottom Hole Dist.: 18 feet. Direction: FNL Dist.: 504 feet. Direction: FWL
 Sec: 1 Twp: 5N Rng: 68W

Field Name: WATTENBERG Field Number: 90750
 Federal, Indian or State Lease Number: 1290.10

Spud Date: (when the 1st bit hit the dirt) 02/02/2018 Date TD: 02/09/2018 Date Casing Set or D&A: 02/10/2018
 Rig Release Date: 02/18/2018 Per Rule 308A.b.

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

Total Depth MD 17315 TVD** 7133 Plug Back Total Depth MD 17295 TVD** 7133

Elevations GR 4948 KB 4976 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, MUD, MWD, (Triple Combo in API 123-45817)

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	1,560	525	0	1,560	VISU
1ST	8+1/2	5+1/2	20	0	17,295	2,800	214	17,295	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	3,610		NO	NO	
SUSSEX	4,089		NO	NO	
SHANNON	4,693		NO	NO	
SHARON SPRINGS	7,041		NO	NO	
NIOBRARA	7,085		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 Milkshake 31W-20-4C (123-45817)

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			
401602739	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401604771	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			
401604742	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401604765	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401612411	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401612413	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401612414	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)