

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:

401640264

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 &amp; GAS INC

Phone: (720) 9747743

Address: 370 17TH STREET SUITE 5300

Fax:

City: DENVER

State: CO

Zip: 80202

API Number 05-123-46045-00

County: WELD

Well Name: WS-Sunrise

Well Number: C1-5-5

Location: QtrQtr: SWSE Section: 32 Township: 6N Range: 65W Meridian: 6

Footage at surface: Distance: 250 feet Direction: FSL Distance: 1686 feet Direction: FEL

As Drilled Latitude: 40.437184 As Drilled Longitude: -104.683742

GPS Data:

Date of Measurement: 05/10/2018 PDOP Reading: 1.7 GPS Instrument Operator's Name: Corey Westholmes

\*\* If directional footage at Top of Prod. Zone Dist.: 460 feet. Direction: FNL Dist.: 1310 feet. Direction: FEL

Sec: 5 Twp: 6N Rng: 65W

\*\* If directional footage at Bottom Hole Dist.: 501 feet. Direction: FSL Dist.: 1339 feet. Direction: FEL

Sec: 5 Twp: 6N Rng: 65W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 02/10/2018 Date TD: 03/10/2018 Date Casing Set or D&amp;A: 03/11/2018

Rig Release Date: 03/23/2018 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 11942 TVD\*\* 7068 Plug Back Total Depth MD 11930 TVD\*\* 7068

Elevations GR 4641 KB 4666 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

CBL, MUD, MWD, Dual Induction

## 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	1,568	550	0	1,568	VISU
1ST	8+1/2	5+1/2	20	0	11,930	1,970	791	11,930	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	3,567		NO	NO	
SUSSEX	4,087		NO	NO	
SHANNON	4,300		NO	NO	
SHARON SPRINGS	6,779		NO	NO	
NIOBRARA	6,795		NO	NO	
FORT HAYS	7,278		NO	NO	
CODELL	7,424		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.

Additional Formation Information:  
FT Hayes Lateral: 8664-10482

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 ?
<u>Attachment Checklist</u>		
401643551	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
401643557	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>		
401643519	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401643549	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401650555	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401650557	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401650558	LAS-DUAL INDUCTION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401650561	PDF-DUAL INDUCTION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401651357	PDF-MUD	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)