

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:

401640287

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 & GAS INC

Phone: (720) 9747743

Address: 370 17TH STREET SUITE 5300

Fax:

City: DENVER

State: CO

Zip: 80202

API Number 05-123-46049-00

County: WELD

Well Name: WS-Sunrise

Well Number: 4-5-5

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

Footage at surface: Distance: 251 feet Direction: FSL Distance: 1668 feet Direction: FEL

As Drilled Latitude: 40.437184 As Drilled Longitude: -104.683676

GPS Data:

Date of Measurement: 05/10/2018 PDOP Reading: 1.8 GPS Instrument Operator's Name: Corey Westholmes

** If directional footage at Top of Prod. Zone Dist.: 460 feet. Direction: FNL Dist.: 1002 feet. Direction: FEL

Sec: 5 Twp: 6N Rng: 65W

** If directional footage at Bottom Hole Dist.: 505 feet. Direction: FSL Dist.: 1011 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) 02/09/2018 Date TD: 03/06/2018 Date Casing Set or D&A: 03/07/2018

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 11819 TVD** 6792 Plug Back Total Depth MD 11799 TVD** 6792

Elevations GR 4642 KB 4667

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

List Electric Logs Run:

CBL, MUD, MWD, (Duel Induction in API 123-46045)

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	11,799	1,935	106	11,799	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	3,581		NO	NO	
SUSSEX	4,120		NO	NO	
SHANNON	4,323		NO	NO	
SHARON SPRINGS	6,863		NO	NO	
NIOBRARA	6,915		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 Duel Induction log was ran on WS Sunrise C1-5-5 (123-46045)

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>			
401643444	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401643450	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>			
401643435	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401643443	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401650650	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401650651	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401650655	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)