

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.

Document Number:
402017655

Date Received:

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 05-123-45988-00 County: WELD

Well Name: Coyote Trails Well Number: 33S-20-3N

Location: QtrQtr: SWSE Section: 28 Township: 1N Range: 68W Meridian: 6

Footage at surface: Distance: 1148 feet Direction: FSL Distance: 2265 feet Direction: FEL

As Drilled Latitude: 40.017980 As Drilled Longitude: -105.007151

GPS Data:
Date of Measurement: 03/06/2019 PDOP Reading: 1.6 GPS Instrument Operator's Name: DANNY TUCKER

** If directional footage at Top of Prod. Zone Dist.: 460 feet. Direction: FNL Dist.: 2068 feet. Direction: FEL

Sec: 33 Twp: 1N Rng: 68W

** If directional footage at Bottom Hole Dist.: 184 feet. Direction: FSL Dist.: 2599 feet. Direction: FEL

Sec: 4 Twp: 1S Rng: 68W

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 02/04/2019 Date TD: 02/20/2019 Date Casing Set or D&A: 02/21/2019

Rig Release Date: 03/03/2019 Per Rule 308A.b.

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

Total Depth MD 17877 TVD** 7937 Plug Back Total Depth MD 17867 TVD** 7937

Elevations GR 5272 KB 5300 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, MUD, MWD, (TRIPLE COMBINATION 123-45991)

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	1,600	585	0	1,600	VISU
1ST	8+1/2	5+1/2	20	0	17,867	2,900	170	17,867	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	4,571		NO	NO	
SUSSEX	4,916		NO	NO	
SHANNON	5,351		NO	NO	
SHARON SPRINGS	7,841		NO	NO	
NIOBRARA	7,868		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.
 Alternative Logging Program- No open hole resistivity log with gamma ray was run on this well.
 Triple Combination ran on Coyote Trails 34S-20-11C

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			
402028087	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402028085	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			
402017698	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402017712	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402017713	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402028053	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402028084	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)

