

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:
402053641

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 05-123-49911-00 County: WELD

Well Name: Coyote Trails Well Number: 33W-15-1N

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

Footage at surface: Distance: 1231 feet Direction: FSL Distance: 2435 feet Direction: FEL

As Drilled Latitude: 40.018198 As Drilled Longitude: -105.007763

GPS Data:
Date of Measurement: 05/10/2019 PDOP Reading: 1.7 GPS Instrument Operator's Name: DANNY TUCKER

** If directional footage at Top of Prod. Zone Dist.: 166 feet. Direction: FNL Dist.: 2492 feet. Direction: FWL
Sec: 33 Twp: 1N Rng: 68W

** If directional footage at Bottom Hole Dist.: 160 feet. Direction: FNL Dist.: 501 feet. Direction: FWL
Sec: 32 Twp: 1N Rng: 68W

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 03/27/2019 Date TD: 04/21/2019 Date Casing Set or D&A: 04/23/2019

Rig Release Date: 04/23/2019 Per Rule 308A.b.

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

Total Depth MD 15477 TVD** 7791 Plug Back Total Depth MD 15461 TVD** 7791

Elevations GR 5277 KB 5305 **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	1,582	550	0	1,582	VISU
1ST	8+1/2	5+1/2	20	0	15,461	2,470	90	15,461	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	4,617		NO	NO	
SUSSEX	4,942		NO	NO	
SHANNON	5,640		NO	NO	
SHARON SPRINGS	7,950		NO	NO	
NIOBRARA	8,185		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 (123-45991)

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			
402064038	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402064033	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			
402053646	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402064010	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402064031	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402065115	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402065116	PDF-MWD/LWD	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)

