

DRILLING COMPLETION REPORT

Document Number:
402102607

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 05-123-42169-00 County: WELD
 Well Name: MT FED Glenfair Well Number: 8W-20-22
 Location: QtrQtr: NENW Section: 9 Township: 5N Range: 65W Meridian: 6
 Footage at surface: Distance: 1164 feet Direction: FNL Distance: 1755 feet Direction: FWL
 As Drilled Latitude: 40.417633 As Drilled Longitude: -104.671657

GPS Data:
 Date of Measurement: 06/12/2019 PDOP Reading: 1.9 GPS Instrument Operator's Name: JOHN PARKS

** If directional footage at Top of Prod. Zone Dist.: 769 feet. Direction: FSL Dist.: 460 feet. Direction: FEL
 Sec: 8 Twp: 5N Rng: 65W
 ** If directional footage at Bottom Hole Dist.: 796 feet. Direction: FSL Dist.: 502 feet. Direction: FWL
 Sec: 7 Twp: 5N Rng: 65W

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

Spud Date: (when the 1st bit hit the dirt) 02/21/2019 Date TD: 04/06/2019 Date Casing Set or D&A: 04/07/2019
 Rig Release Date: 06/21/2019 Per Rule 308A.b.

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

Total Depth MD 17930 TVD** 6965 Plug Back Total Depth MD 17920 TVD** 6965
 Elevations GR 4636 KB 4665 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, MUD, MWD, (TRIPLE COMBINATION 123-42174)

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	1,591	500	0	1,591	CBL
1ST	8+1/2	5+1/2	20	0	17,920	2,850	1,300	17,920	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	4,080		NO	NO	
SUSSEX	4,658		NO	NO	
SHARON SPRINGS	7,764		NO	NO	
NIOBRARA	7,808		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 was ran on MT Fed Luther 8W-20-2 (123-42174)
The Ash pad was drilled with two different rigs, one continuous operation. Therefore, KB will be not be consistent throughout.

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			
402134157	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402134155	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			
402118885	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402134133	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402134140	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402134146	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402134153	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)

