

FORM  
5Rev  
10/14

## State of Colorado

## Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

402258921

Date Received:

## DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and/or cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

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

Email: kruder@extractionog.com

API Number 05-014-20783-00

County: BROOMFIELD

Well Name: INTERCHANGE B

Well Number: S22-30-16C

Location: QtrQtr: NESW

Section: 10

Township: 1S

Range: 68W

Meridian: 6

FNL/FSL

FEL/FWL

Footage at surface: Distance: 2205 feet

Direction: FSL

Distance: 1706 feet

Direction: FWL

As Drilled Latitude: 39.978175

As Drilled Longitude: -104.991094

GPS Data:

Date of Measurement: 10/03/2019

PDOP Reading: 1.6

GPS Instrument Operator's Name: DANIEL SULLIVAN

FNL/FSL

FEL/FWL

\*\* If directional footage at Top of Prod. Zone

Dist: 2405 feet

Direction: FSL

Dist: 1836 feet

Direction: FWL

Sec: 10

Twp: 1S

Rng: 68W

FNL/FSL

FEL/FWL

\*\* If directional footage at Bottom Hole

Dist: 2405 feet

Direction: FSL

Dist: 1836 feet

Direction: FWL

Sec: 10

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) 09/13/2019

Date TD: 09/13/2019

Date Casing Set or D&amp;A: 09/13/2019

Rig Release Date: 09/15/2019 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 1665

TVD\*\* 1634

Plug Back Total Depth MD 1660

TVD\*\* 1634

Elevations GR 5206

KB 5234

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



List Electric Logs Run:

No logs to upload.

## 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	1,660	575	0	1,660	VISU

## 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	

Operator Comments:

Drilling was suspended after setting surface on this well due to economic and logistical reasons. Extraction plans to complete drilling operations on this well second quarter 2021.

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>					
402261083	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
402261091	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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
402261088	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)

