

FORM  
5

Rev  
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:

402244369

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: <u>10459</u>	Contact Name: <u>Kamrin Ruder</u>
Name of Operator: <u>EXTRACTION OIL &amp; GAS INC</u>	Phone: <u>(720) 9747743</u>
Address: <u>370 17TH STREET SUITE 5300</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>kruder@extractionog.com</u>

API Number <u>05-014-20755-00</u>	County: <u>BROOMFIELD</u>
Well Name: <u>Livingston</u>	Well Number: <u>S19-25-5C</u>
Location: QtrQtr: <u>NWSE</u> Section: <u>7</u> Township: <u>1S</u> Range: <u>68W</u> Meridian: <u>6</u>	
	FNL/FSL <span style="float: right;">FEL/FWL</span>
Footage at surface: Distance: <u>2332</u> feet Direction: <u>FSL</u> Distance: <u>1456</u> feet Direction: <u>FEL</u>	
As Drilled Latitude: <u>39.978564</u> As Drilled Longitude: <u>-105.039865</u>	
GPS Data:	
Date of Measurement: <u>11/18/2019</u> PDOP Reading: <u>1.4</u> GPS Instrument Operator's Name: <u>JAYME HOBIN</u>	
	FNL/FSL <span style="float: right;">FEL/FWL</span>
** If directional footage at Top of Prod. Zone Dist: <u>2455</u> feet Direction: <u>FSL</u> Dist: <u>1682</u> feet Direction: <u>FWL</u>	
Sec: <u>7</u> Twp: <u>1S</u> Rng: <u>68W</u>	
	FNL/FSL <span style="float: right;">FEL/FWL</span>
** If directional footage at Bottom Hole Dist: <u>500</u> feet Direction: <u>FSL</u> Dist: <u>1641</u> feet Direction: <u>FWL</u>	
Sec: <u>19</u> Twp: <u>1S</u> Rng: <u>68W</u>	
Field Name: <u>WATTENBERG</u> Field Number: <u>90750</u>	
Federal, Indian or State Lease Number: _____	

Spud Date: (when the 1st bit hit the dirt) 06/06/2019 Date TD: 08/03/2019 Date Casing Set or D&A: 08/04/2019  
Rig Release Date: 11/14/2019 Per Rule 308A.b.

Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

Total Depth MD <u>21457</u> TVD** <u>8364</u> Plug Back Total Depth MD <u>21454</u> TVD** <u>8364</u>
Elevations GR <u>5319</u> KB <u>5348</u> <b>Digital Copies of ALL Logs must be Attached per Rule 308A</b> <input checked="" type="checkbox"/>

List Electric Logs Run:

CBL, MUD, MWD, (RESISTIVITY 014-20753)

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### 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	1,615	525	0	1,615	VISU
1ST	8+1/2	5+1/2	20	0	21,454	3,621	3,442	21,454	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	4,802		NO	NO	
SUSSEX	5,207		NO	NO	
SHANNON	5,730		NO	NO	
SHARON SPRINGS	8,216		NO	NO	
NIOBRARA	8,235		NO	NO	
FORT HAYS	8,827		NO	NO	
CODELL	8,933		NO	NO	

Operator Comments:

The TPZ footages are estimates calculated through Directional Plotting Software—from where the production string (5 1/2" casing) is greater than or equal to 150' south of the center line of section 7, Township 1S, Range 68W. 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. Resistivity ran on Livingston S19-25-2C (014-20753)

Additional Formation Information:

Niobrara:

10805-10971

Fort Hayes:

9687-9982

10775-10805

10971-11073

15621-15765

16763-17084

20046-20159

Carlile:

15068-15260

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 ?	
<b>Attachment Checklist</b>			
402244383	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402280137	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"/>
<b>Other Attachments</b>			
402259049	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402280132	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402280134	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402280135	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402280139	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)

