

FORM
5

Rev
02/20

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:

402316482

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 & 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>05-014-20789-00</u>	County: <u>BROOMFIELD</u>
Well Name: <u>NORTHWEST A</u>	Well Number: <u>S20-25-11C</u>
Location: QtrQtr: <u>NWNW</u> Section: <u>9</u> Township: <u>1S</u> Range: <u>68W</u> Meridian: <u>6</u>	
FNL/FSL FEL/FWL	
Footage at surface: Distance: <u>1285</u> feet Direction: <u>FNL</u> Distance: <u>831</u> feet Direction: <u>FWL</u>	
As Drilled Latitude: <u>39.983169</u> As Drilled Longitude: <u>-105.012854</u>	
GPS Data: GPS Quality Value: <u>1.5</u> Type of GPS Quality Value: <u>PDOP</u> Date of Measurement: <u>10/03/2019</u>	
GPS Instrument Operator's Name: <u>DANIEL SULLIVAN</u>	FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: <u>480</u> feet Direction: <u>FNL</u> Dist: <u>2419</u> feet Direction: <u>FEL</u>	
Sec: <u>8</u> Twp: <u>1S</u> Rng: <u>68W</u>	FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: <u>2144</u> feet Direction: <u>FNL</u> Dist: <u>2406</u> feet Direction: <u>FEL</u>	
Sec: <u>20</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) 08/31/2019 Date TD: 12/29/2019 Date Casing Set or D&A: 12/30/2019
 Rig Release Date: 01/11/2020 Per Rule 308A.b.

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

Total Depth MD <u>21935</u> TVD** <u>8247</u>	Plug Back Total Depth MD <u>21927</u> TVD** <u>8247</u>
Elevations GR <u>5314</u> KB <u>5343</u>	Digital Copies of ALL Logs must be Attached per Rule 308A <input checked="" type="checkbox"/>

List Electric Logs Run:
CBL, MUD, MWD, RESISTIVITY

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	1,610	625	0	1,610	VISU
1ST	8+1/2	5+1/2	20	0	21,927	3,585	260	21,927	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	5,355		NO	NO	
SUSSEX	5,812		NO	NO	
SHANNON	6,532		NO	NO	
SHARON SPRINGS	8,944		NO	NO	
NIOBRARA	8,963		NO	NO	
FORT HAYS	9,540		NO	NO	
CODELL	9,601		NO	NO	

Operator Comments:

The TPZ footages are estimates calculated through Directional Plotting Software—from where the production string (5 ½" casing) crosses the setback hardline. The actual footages will be submitted with the Form 5A.
Open hole resistivity log with gamma ray was run on this well.

Fort Hays:
14252-14412
14738-15585
17474-17681
19006-19969
21753-21935

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: krunder@extractionog.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
402325656	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402325667	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			
402317212	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402317215	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402325631	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402325647	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402325650	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)

