

FORM
5A
Rev
06/12

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 892-2109



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Document Number:
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Date Received:

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: <u>10459</u>	4. Contact Name: <u>Elaine Winick</u>
2. Name of Operator: <u>EXTRACTION OIL & GAS INC</u>	Phone: <u>(970) 576-3461</u>
3. Address: <u>370 17TH STREET SUITE 5300</u>	Fax: <u>(970) 534-6001</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>ewinick@extractionog.com</u>

5. API Number <u>05-123-41137-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>AD FED J EVANS</u>	Well Number: <u>20W-25-1</u>
8. Location: QtrQtr: <u>NWSW</u> Section: <u>21</u> Township: <u>5N</u> Range: <u>65W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 04/14/2020 End Date: 04/21/2020 Date of First Production this formation: 07/25/2020
Perforations Top: 7570 Bottom: 19792 No. Holes: 1351 Hole size: 40/100

Provide a brief summary of the formation treatment: _____ Open Hole:

Frac'd Niobrara with 31 stage plug and perf:
11672025 total pounds proppant pumped: 6059370 pounds 40/70 mesh; 5612655 pounds 30/50 mesh.
173994 total bbls fluid pumped: 159955 bbls gelled fluid; 13982 bbls fresh water and 57 bbls 28% HCl Acid.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 173994

Max pressure during treatment (psi): 9121

Total gas used in treatment (mcf): 0

Fluid density at initial fracture (lbs/gal): 8.30

Type of gas used in treatment: _____

Min frac gradient (psi/ft): 1.02

Total acid used in treatment (bbl): 57

Number of staged intervals: 31

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 19017

Fresh water used in treatment (bbl): 13982

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 11672025

Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 08/05/2020 Hours: 24 Bbl oil: 461 Mcf Gas: 3178 Bbl H2O: 95

Calculated 24 hour rate: Bbl oil: 461 Mcf Gas: 3178 Bbl H2O: 95 GOR: 6894

Test Method: flowing Casing PSI: 2943 Tubing PSI: 2635 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1247 API Gravity Oil: 55

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7555 Tbg setting date: 06/04/2020 Packer Depth: _____

Reason for Non-Production:

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: _____ ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

Comment:

TPZ: 1300 FNL & 507 FEL

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Elaine Winick

Title: Completions Tech Date: _____ Email: ewinick@extractionog.com

Attachment Check List

Att Doc Num	Name
402459394	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

Stamp Upon
Approval

Total: 0 comment(s)