

FORM
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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:

402439549

Date Received:

07/08/2020

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 Stiver
 Name of Operator: EXTRACTION OIL & GAS INC Phone: (720) 9747743
 Address: 370 17TH STREET SUITE 5300 Fax: _____
 City: DENVER State: CO Zip: 80202 Email: kstiver@extractionog.com

API Number 05-123-47472-00 County: WELD
 Well Name: RINN VALLEY WEST Well Number: 18N-20-09N
 Location: QtrQtr: SESE Section: 18 Township: 2N Range: 68W Meridian: 6
 FNL/FSL _____ FEL/FWL _____
 Footage at surface: Distance: 212 feet Direction: FSL Distance: 869 feet Direction: FEL
 As Drilled Latitude: _____ As Drilled Longitude: _____
 GPS Data: GPS Quality Value: _____ Type of GPS Quality Value: _____ Date of Measurement: _____
 GPS Instrument Operator's Name: _____ FNL/FSL _____ FEL/FWL _____
 ** If directional footage at Top of Prod. Zone Dist: 311 feet Direction: FSL Dist: 945 feet Direction: FEL
 Sec: 18 Twp: 2N Rng: 68W FNL/FSL _____ FEL/FWL _____
 ** If directional footage at Bottom Hole Dist: 311 feet Direction: FSL Dist: 945 feet Direction: FEL
 Sec: 18 Twp: 2N Rng: 68W
 Field Name: DJ HORIZONTAL NIOBRARA Field Number: 16950
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 06/03/2020 Date TD: 06/03/2020 Date Casing Set or D&A: 06/03/2020
 Rig Release Date: 06/08/2020 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 1610 TVD** 1597 Plug Back Total Depth MD 1610 TVD** 1597

Elevations GR 4943 KB 4971 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:

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	525	0	1,610	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 first quarter 2023.

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

Signed: _____ Print Name: Kamrin Stiver

Title: Drilling Technician Date: 7/8/2020 Email: kstiver@extractionog.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402440044	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>			
402439549	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402440039	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402440043	CEMENT JOB SUMMARY_SURFACE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineering Tech	Corrected Field Name Corrected surface string cement sx per attached cement job summary Passed engineering review	12/31/2020

Total: 1 comment(s)

