

FORM  
5Rev  
12/20

## 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:

402878110

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 Stiver

Name of Operator: EXTRACTION OIL &amp; GAS INC

Phone: (720) 9747743

Address: 370 17TH STREET SUITE 5200

Fax:

City: DENVER

State: CO

Zip: 80202

Email: kstiver@extractionog.com

API Number 05-014-20849-00

County: BROOMFIELD

Well Name: INTERCHANGE A

Well Number: S16-20-20N

 Location: QtrQtr: SWNW Section: 10 Township: 1S Range: 68W Meridian: 6  
 FNL/FSL FEL/FWL

Footage at surface: Distance: 2093 feet Direction: FNL Distance: 930 feet Direction: FWL

As Drilled Latitude: 39.980906 As Drilled Longitude: -104.993879

GPS Data: GPS Quality Value: 1.4 Type of GPS Quality Value: PDOP Date of Measurement: 10/28/2021

 \*\* If directional footage at Top of Prod. Zone Dist: 1775 feet Direction: FNL Dist: 796 feet Direction: FWL  
 Sec: 10 Twp: 1S Rng: 68W  
 FNL/FSL FEL/FWL

 \*\* If directional footage at Bottom Hole Dist: 1775 feet Direction: FNL Dist: 796 feet Direction: FWL  
 Sec: 10 Twp: 1S Rng: 68W  
 FNL/FSL FEL/FWL

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 08/28/2021 Date TD: 08/28/2021 Date Casing Set or D&amp;A: 08/28/2021

Rig Release Date: 09/01/2021 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 1634 TVD\*\* 1577 Plug Back Total Depth MD 1634 TVD\*\* 1577

Elevations GR 5236 KB 5250

Digital Copies of ALL Logs must be Attached ☐

List All Logs Run:

## FLUID VOLUMES USED IN DRILLING OPERATIONS

(Enter "0" if a type of a fluid was not used. Do not leave blank.)

Total Fluids (bbls): 650 Fresh Water (bbls): 350

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 350

**CASING, LINER AND CEMENT**

<u>Casing Type</u>	<u>Size of Hole</u>	<u>Size of Casing</u>	<u>Grade</u>	<u>Wt/Ft</u>	<u>Csg/Liner Top</u>	<u>Setting Depth</u>	<u>Sacks Cmt</u>	<u>Cmt Btm</u>	<u>Cmt Top</u>	<u>Status</u>
CONDUCTOR	24	16	5-L	24	0	80	100	80	0	VISU
SURF	12+1/4	9+5/8	J-55	36	0	1634	575	1634	0	VISU

Bradenhead Pressure Action Threshold 490 psig

This threshold is calculated per Rule 308A.b.(2)G. If this well is located in a bradenhead test area (see Rule 207.b) per an Order of the Commission, it may be subject to a different threshold.

Does the casing centralization comply with Rule 317.g? Yes

If "NO", provide details below.

**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 fourth 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 StiverTitle: Drilling Technician

Date: \_\_\_\_\_

Email: kstiver@extractionog.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
402878120	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402878123	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>			
402878114	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)