

FORM  
5Rev  
02/08

## State of Colorado

## Oil and Gas Conservation Commission

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



DE ET OE ES

Document Number:

400608930

Date Received:

## DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☐ Final completion ☒ Preliminary completion

1. OGCC Operator Number: 10459

4. Contact Name: Dustin Dyk

2. Name of Operator: EXTRACTION OIL &amp; GAS LLC

Phone: (720) 3825224

3. Address: 1888 SHERMAN ST #200

Fax:

City: DENVER State: CO Zip: 80203

5. API Number 05-123-38912-00

6. County: WELD

7. Well Name: RUBYANNA

Well Number: 13C-28W

8. Location: QtrQtr: SESE Section: 13 Township: 6N Range: 67W Meridian: 6

Footage at surface: Distance: 805 feet Direction: FSL Distance: 225 feet Direction: FEL

As Drilled Latitude: As Drilled Longitude:

## GPS Data:

Data of Measurement: PDOP Reading: GPS Instrument Operator's Name:

\*\* If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

\*\* If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

9. Field Name: WATTENBERG

10. Field Number: 90750

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 04/04/2014 13. Date TD: 04/11/2014 14. Date Casing Set or D&amp;A: 04/13/2014

## 15. Well Classification:

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

16. Total Depth MD 11840 TVD\*\* 7201 17 Plug Back Total Depth MD TVD\*\*

18. Elevations GR 4830 KB 24

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

20. Casing, Liner and Cement:

## CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR		16		0	80				
SURF	13+1/2	9+5/8	36	0	735	400	0	735	VISU
1ST	8+3/4	7	26	0	7,657	850	0	7,657	VISU
1ST LINER	6+1/8	4+1/2	13.5	7421	11,775				

## 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:

21. Formation log intervals and test zones:

### FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

All logs and info to be submitted when rig leaves Rubyanna pad.

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

Signed: \_\_\_\_\_ Print Name: Dustin Dyk

Title: Drilling Manager Date: \_\_\_\_\_ Email: ddyk@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"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" 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"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
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Total: 0 comment(s)