


<b>FORM 5A</b> Rev 06/12	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
<b>COMPLETED INTERVAL REPORT</b>			Document Number: 400714434  Date Received:				
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> 2. Name of Operator: <u>EXTRACTION OIL &amp; GAS LLC</u> 3. Address: <u>1888 SHERMAN ST #200</u> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80203</u>	4. Contact Name: <u>Troy Owens</u> Phone: <u>(720) 557-8303</u> Fax: _____ Email: <u>towens@extractionog.com</u>
--	---

5. API Number <u>05-123-38565-00</u> 7. Well Name: <u>DIAMOND VALLEY EAST</u> 8. Location: QtrQtr: <u>SWSW</u> Section: <u>23</u> Township: <u>6N</u> Range: <u>67W</u> Meridian: <u>6</u> 9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	6. County: <u>WELD</u> Well Number: <u>1</u>
---	---

**Completed Interval**

FORMATION: <u>CODELL</u>	Status: <u>PRODUCING</u>	Treatment Type: <u>FRACTURE STIMULATION</u>
Treatment Date: <u>06/09/2014</u>	End Date: <u>06/09/2014</u>	Date of First Production this formation: <u>06/25/2014</u>
Perforations Top: <u>7689</u>	Bottom: <u>11874</u>	No. Holes: <u>0</u> Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input checked="" type="checkbox"/>
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Total fluid used in treatment (bbl): <u>27735</u>	Max pressure during treatment (psi): <u>9248</u>	
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): _____	
Type of gas used in treatment: _____	Min frac gradient (psi/ft): _____	
Total acid used in treatment (bbl): _____	Number of staged intervals: _____	
Recycled water used in treatment (bbl): _____	Flowback volume recovered (bbl): _____	
Fresh water used in treatment (bbl): _____	Disposition method for flowback: <u>DISPOSAL</u>	
Total proppant used (lbs): <u>4176970</u>	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>	
Reason why green completion not utilized: _____		

**Fracture stimulations must be reported on FracFocus.org**

**Test Information:**

Date: <u>06/23/2014</u>	Hours: <u>24</u>	Bbl oil: _____	Mcf Gas: _____	Bbl H2O: _____
Calculated 24 hour rate:	Bbl oil: <u>81</u>	Mcf Gas: <u>267</u>	Bbl H2O: <u>949</u>	GOR: <u>3</u>
Test Method: <u>Measured</u>	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	Btu Gas: _____	API Gravity Oil: <u>45</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7062</u>	Tbg setting date: <u>06/18/2014</u>	Packer Depth: _____	
Reason for Non-Production: <span style="border: 1px solid black; display: inline-block; width: 600px; height: 15px;"></span>				
Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____		
** Bridge Plug Depth: _____	** Sacks cement on top: _____	** Wireline and Cement Job Summary must be attached.		

Comment:

--

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

Signed: \_\_\_\_\_ Print Name: Troy Owens \_\_\_\_\_

Title: Engineer \_\_\_\_\_ Date: \_\_\_\_\_ Email: towens@extractionog.com \_\_\_\_\_  
:

### Attachment Check List

**Att Doc Num**      **Name**

--	--

Total Attach: 0 Files

### General Comments

**User Group**      **Comment**      **Comment Date**

--	--	--

Total: 0 comment(s)