

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) 894-2109



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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: 10459
2. Name of Operator: EXTRACTION OIL & GAS LLC
3. Address: 1888 SHERMAN ST #200
City: DENVER State: CO Zip: 80203
4. Contact Name: Troy Owens
Phone: (720) 557-8303
Fax:
Email: towens@extractionog.com

5. API Number 05-123-38923-00
6. County: WELD
7. Well Name: RUBYANNA
Well Number: 13NC-26W
8. Location: QtrQtr: SESE Section: 13 Township: 6N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 07/13/2014 End Date: 07/14/2014 Date of First Production this formation: 08/17/2014
Perforations Top: 7703 Bottom: 11905 No. Holes: 0 Hole size:
Provide a brief summary of the formation treatment: Open Hole: ☒
This formation is commingled with another formation: ☐ Yes ☒ No
Total fluid used in treatment (bbl): 66736 Max pressure during treatment (psi): 7974
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: DISPOSAL
Total proppant used (lbs): 5858034 Rule 805 green completion techniques were utilized: ☒
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 08/13/2014 Hours: 24 Bbl oil: Mcf Gas: Bbl H2O:
Calculated 24 hour rate: Bbl oil: 137 Mcf Gas: 364 Bbl H2O: 905 GOR: 3
Test Method: Measured Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: SOLD Gas Type: WET Btu Gas: API Gravity Oil: 47
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7203 Tbg setting date: 08/08/2014 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:

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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
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Attachment Check List

Att Doc Num **Name**

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Total Attach: 0 Files

General Comments

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

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