

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		<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				
COMPLETED INTERVAL REPORT			Document Number: 400714873 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 & 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>
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5. API Number <u>05-123-37251-00</u> 7. Well Name: <u>KODAK</u> 8. Location: QtrQtr: <u>SWNW</u> Section: <u>27</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>11</u>
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Completed Interval

FORMATION: <u>NIOBRARA</u>	Status: <u>PRODUCING</u>	Treatment Type: <u>FRACTURE STIMULATION</u>
Treatment Date: <u>07/24/2014</u>	End Date: <u>07/27/2014</u>	Date of First Production this formation: <u>08/22/2014</u>
Perforations Top: <u>7621</u>	Bottom: <u>11713</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>78129</u>	Max pressure during treatment (psi): <u>7888</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>8447020</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>08/05/2014</u>	Hours: <u>24</u>	Bbl oil: _____	Mcf Gas: _____	Bbl H2O: _____
Calculated 24 hour rate:	Bbl oil: <u>56</u>	Mcf Gas: <u>50</u>	Bbl H2O: <u>2051</u>	GOR: <u>1</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: _____	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6902</u>	Tbg setting date: <u>08/13/2014</u>	Packer Depth: _____	
Reason for Non-Production: 				
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:

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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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Total: 0 comment(s)