

**FORM**  
**5**  
Rev  
09/14

**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:  
400724326

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

OGCC Operator Number: 10459 Contact Name: Kaleb Roush  
 Name of Operator: EXTRACTION OIL & GAS LLC Phone: (720) 557-8322  
 Address: 1888 SHERMAN ST #200 Fax: \_\_\_\_\_  
 City: DENVER State: CO Zip: 80203

API Number 05-123-40318-00 County: WELD  
 Well Name: DIAMOND VALLEY EAST Well Number: 12  
 Location: QtrQtr: SWSW Section: 23 Township: 6N Range: 67W Meridian: 6  
 Footage at surface: Distance: 976 feet Direction: FSL Distance: 155 feet Direction: FWL  
 As Drilled Latitude: \_\_\_\_\_ As Drilled Longitude: \_\_\_\_\_

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

\*\* If directional footage at Top of Prod. Zone Dist.: 2454 feet. Direction: FSL Dist.: 474 feet. Direction: FEL  
 Sec: 22 Twp: 6 Rng: 67  
 \*\* If directional footage at Bottom Hole Dist.: 2546 feet. Direction: FSL Dist.: 510 feet. Direction: FWL  
 Sec: 21 Twp: 6 Rng: 67

Field Name: WATTENBERG Field Number: 90750  
 Federal, Indian or State Lease Number: \_\_\_\_\_

Spud Date: (when the 1st bit hit the dirt) 10/30/2014 Date TD: 11/09/2014 Date Casing Set or D&A: 11/14/2014  
 Rig Release Date: 12/03/2014 Per Rule 308A.b.

Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

Total Depth MD 16872 TVD\*\* 6968 Plug Back Total Depth MD 7368 TVD\*\* 6964

Elevations GR 4769 KB 24 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
 \_\_\_\_\_

**CASING, LINER AND CEMENT**

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	24	16		0	80	100	0	80	VISU
SURF	13+1/2	9+5/8	36	0	796	350	0	796	VISU
1ST	8+3/4	7	26	0	7,471	771	0	7,471	CBL
1ST LINER	6+1/8	4+1/2	13.5	7368	16,865				CBL

## 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	
NIOBRARA	7,052	16,872	NO	NO	

Comment:

The Open Hole Log was run on this well and is attached here under the heading "Triple Combination."

As-builts will be submitted in a sundry.

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

Signed: \_\_\_\_\_

Print Name: Kaleb Roush

Title: Drilling Technician

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

Email: kroush@extractionog.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400725874	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input 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 checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>Other Attachments</b>			
400724334	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400724345	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400732935	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400733538	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400746575	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400757108	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400757110	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

## General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)