

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.

Document Number:
400719103

Date Received:

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 05-123-39958-00 County: WELD

Well Name: Nelson Farm Well Number: 3

Location: QtrQtr: NWNW Section: 28 Township: 7N Range: 67W Meridian: 6

Footage at surface: Distance: 760 feet Direction: FNL Distance: 409 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.: 491 feet. Direction: FNL Dist.: 483 feet. Direction: FWL

Sec: 28 Twp: 7 Rng: 67

** If directional footage at Bottom Hole Dist.: 489 feet. Direction: FNL Dist.: 2538 feet. Direction: FWL

Sec: 27 Twp: 7 Rng: 67

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 09/27/2014 Date TD: 10/06/2014 Date Casing Set or D&A: 10/09/2014

Rig Release Date: 12/24/2014 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 14640 TVD** 7835 Plug Back Total Depth MD 7055 TVD** 6966

Elevations GR 4973 KB 17 **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	12+1/4	9+5/8	36	0	772	435	0	772	VISU
1ST	8+3/4	7	26	0	7,320	906	0	7,320	CBL
1ST LINER	6+1/8	4+1/2	13.5	7055	14,363				

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	6,950	14,640	NO	NO	

Comment:

The Open Hole Log was run on Nelson Farm 4 and is attached to its Form 5.

As-builts will be submitted in a sundry notice.

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 ?	
Attachment Checklist			
400719150	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"/>
Other Attachments			
400719130	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400719133	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400719135	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400719137	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400719139	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400719141	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400719142	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400719147	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400724473	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400732938	PDF-CEMENT BOND	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)