

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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 05-123-38824-00 6. County: WELD 7. Well Name: CS-Scott Well Number: 2-1-12 8. Location: QtrQtr: SWSE Section: 36 Township: 6N Range: 66W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/06/2014 End Date: 08/17/2014 Date of First Production this formation: 09/07/2014

Perforations Top: 7969 Bottom: 15280 No. Holes: Hole size:

Provide a brief summary of the formation treatment: Open Hole: [X]

39 stage plug and perf

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): 90914 Max pressure during treatment (psi): 9504

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: 39

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): 7074784 Rule 805 green completion techniques were utilized: [X]

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 09/05/2014 Hours: 24 Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: 127 Mcf Gas: 736 Bbl H2O: 564 GOR: 6

Test Method: Measured Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: SOLD Gas Type: WET Btu Gas: API Gravity Oil:

Tubing Size: Tubing Setting Depth: Tbg setting date: 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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Total: 0 comment(s)