

DRILLING COMPLETION REPORT

Document Number:
400763361

Date Received:

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 05-123-40341-00 County: WELD
 Well Name: WAAG Well Number: 5
 Location: QtrQtr: NENW Section: 19 Township: 7N Range: 65W Meridian: 6
 Footage at surface: Distance: 64 feet Direction: FNL Distance: 1861 feet Direction: FWL
 As Drilled Latitude: 40.567930 As Drilled Longitude: -104.709120

GPS Data:
 Date of Measurement: 03/11/2015 PDOP Reading: 1.7 GPS Instrument Operator's Name: Adam Kelly

** If directional footage at Top of Prod. Zone Dist.: 856 feet. Direction: FNL Dist.: 1589 feet. Direction: FWL
 Sec: 19 Twp: 7N Rng: 65W
 ** If directional footage at Bottom Hole Dist.: 774 feet. Direction: FNL Dist.: 2131 feet. Direction: FWL
 Sec: 24 Twp: 7N Rng: 66W

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

Spud Date: (when the 1st bit hit the dirt) 02/17/2015 Date TD: 02/23/2015 Date Casing Set or D&A: 02/25/2015
 Rig Release Date: 02/26/2015 Per Rule 308A.b.

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

Total Depth MD 11919 TVD** 7209 Plug Back Total Depth MD 11824 TVD** 7209
 Elevations GR 4902 KB 4919 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
GR, CBL, Mudlog

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	42	0	80	100	0	80	VISU
SURF	13+1/2	9+5/8	36	0	887	675	0	887	VISU
1ST	8+3/4	7+0/0	26	0	7,578	930	0	7,578	CBL
1ST LINER	6+1/8	4+1/2	13.5	7472	11,824				CALC

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	7,215		NO	NO	

Comment:

The Open Hole Log was run on Waag 4 (05-123-40345) and is attached to its form 5.

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			
400805277	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400805003	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input 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			
400805017	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400805291	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400810247	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400810249	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400810251	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400810252	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400810254	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400810255	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400810257	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400810258	PDF-GAMMA RAY	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)