

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:
400754702

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 05-123-40256-00 County: WELD

Well Name: Thornton Well Number: 11

Location: QtrQtr: SWSW Section: 8 Township: 7N Range: 66W Meridian: 6

Footage at surface: Distance: 1185 feet Direction: FSL Distance: 331 feet Direction: FWL

As Drilled Latitude: 40.585410 As Drilled Longitude: -104.810373

GPS Data:
Date of Measurement: 03/20/2015 PDOP Reading: 1.8 GPS Instrument Operator's Name: Frank Convino

** If directional footage at Top of Prod. Zone Dist.: 345 feet. Direction: FSL Dist.: 494 feet. Direction: FWL
Sec: 8 Twp: 7N Rng: 66W

** If directional footage at Bottom Hole Dist.: 291 feet. Direction: FSL Dist.: 542 feet. Direction: FEL
Sec: 9 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) 12/16/2014 Date TD: 12/25/2014 Date Casing Set or D&A: 12/28/2014

Rig Release Date: 03/08/2015 Per Rule 308A.b.

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

Total Depth MD 17279 TVD** 7140 Plug Back Total Depth MD 17266 TVD** 7140

Elevations GR 5038 KB 5062 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, GR, 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	839	350	0	839	VISU
1ST	8+3/4	7	26	0	7,710	768	0	7,710	CBL
1ST LINER	6+1/4	4+1/2	13.5	6732	17,266				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	7,410		NO	NO	

Comment:

The OHL was run on Thornton 3 (05-123-40257) 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 Tech Date: _____ Email: kroush@extractionog.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400756147	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400810714	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			
400768732	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400810334	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400810335	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400810715	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400811055	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400811056	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400811074	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400811075	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400811077	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400811078	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400813130	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400813131	LAS-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)