

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



DE ET OE ES

Document Number:
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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 05-123-40271-00 County: WELD
Well Name: Thornton Well Number: 9
Location: QtrQtr: SWSW Section: 8 Township: 7N Range: 66W Meridian: 6
Footage at surface: Distance: 1241 feet Direction: FSL Distance: 331 feet Direction: FWL
As Drilled Latitude: 40.585564 As Drilled Longitude: -104.810371

GPS Data:
Date of Measurement: 03/20/2015 PDOP Reading: 2.7 GPS Instrument Operator's Name: Frank Convino

** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:
Sec: Twp: Rng:
** If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:
Sec: Twp: Rng:

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

Spud Date: (when the 1st bit hit the dirt) 01/14/2015 Date TD: 01/17/2015 Date Casing Set or D&A: 01/18/2015
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 7710 TVD** 7501 Plug Back Total Depth MD 6828 TVD** 6795

Elevations GR 5036 KB 5060 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
No logs were run on this wellbore

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	819	350	0	819	VISU

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 01/18/2015

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	OPEN HOLE		364	6,828	7,710

Details of work:

We could not get good build rates on teh curve due to a localized fault. We plugged the well to attempt drilling the curve again, which we did successfully.

17.5# 0.94 yield

KOP job report is attached

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	

Comment:

The OHL was run on Thornton 3 (05-123-40257) and is attached to its Form 5.

No logs were run on this well as it was sidetracked.

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 ?	
<u>Attachment Checklist</u>			
400804362	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400805052	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400810763	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)