

FORM  
5Rev  
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:

400786038

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 &amp; GAS LLC

Phone: (720) 557-8322

Address: 1888 SHERMAN ST #200

Fax:

City: DENVER

State: CO

Zip: 80203

API Number 05-123-40364-00

County: WELD

Well Name: WAAG

Well Number: 7

Location: QtrQtr: SENW Section: 19 Township: 7N Range: 65W Meridian: 6

Footage at surface: Distance: 2339 feet Direction: FNL Distance: 2470 feet Direction: FWL

As Drilled Latitude: 40.561600 As Drilled Longitude: -104.706960

## GPS Data:

Date of Measurement: 03/11/2015 PDOP Reading: 1.6 GPS Instrument Operator's Name: Adam Kelly

\*\* 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) 02/14/2014 Date TD: 02/23/2015 Date Casing Set or D&amp;A: 02/23/2015

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 10997 TVD\*\* 7389 Plug Back Total Depth MD 10997 TVD\*\* 7389

Elevations GR 4886 KB 4910 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

## List Electric Logs Run:

Gamma Ray (the vertical portion is attached to the sidetrack's form 5)

## 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	906	560	0	906	VISU
1ST	8+3/4	7+0/0	26	0	7,785	998	0	7,785	CBL

## 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	

Comment:

We were having an issue getting back into zone. This is a codell and we were faulted upward 80' and since had issues getting back through the top of zone. We pulled back about 480' to 10,518' and open hole sidetracked.

No logs were run on this well (except gamma ray) and it will not produce.

The Open Hole Log was run on the sidetrack of this well.

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 ?	
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### Attachment Checklist

400793104	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400804849	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

400804842	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400810390	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400819137	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400819139	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)