

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 05-123-38167-00
6. County: WELD
7. Well Name: Windsor LV
Well Number: C-14H
8. Location: QtrQtr: NENE Section: 14 Township: 6N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 04/15/2015 End Date: 04/17/2015 Date of First Production this formation: 05/08/2015

Perforations Top: 11478 Bottom: 7486 No. Holes: Hole size:

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

28 stage sliding sleeve

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

Total fluid used in treatment (bbl): 54071 Max pressure during treatment (psi): 8084
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: 28
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): Disposition method for flowback: RECYCLE
Total proppant used (lbs): 5238517 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: 05/09/2015 Hours: 24 Bbl oil: 99 Mcf Gas: 68 Bbl H2O: 1265
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:
Test Method: Measured Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1 API Gravity Oil: 46
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)