

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Table with columns DE, ET, OE, ES

Document Number: 400841035

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 05-123-36101-00
6. County: WELD
7. Well Name: MLD
Well Number: 12-22
8. Location: QtrQtr: NWNW Section: 22 Township: 4N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/18/2013 End Date: 03/18/2013 Date of First Production this formation: 04/02/2013

Perforations Top: 6770 Bottom: 6936 No. Holes: Hole size:

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

Open hole frac

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

Total fluid used in treatment (bbl): 6362 Max pressure during treatment (psi): 4591
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:
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 220360 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: 04/02/2013 Hours: 24 Bbl oil: 35 Mcf Gas: 25 Bbl H2O: 51

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: 2 API Gravity Oil: 44

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:

|  |
|--|
|  |
|--|

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  
:

### Attachment Check List

**Att Doc Num**      **Name**

|  |  |
|--|--|
|  |  |
|--|--|

Total Attach: 0 Files

### General Comments

**User Group**      **Comment**      **Comment Date**

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Total: 0 comment(s)