

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



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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 05-123-09690-00  
6. County: WELD  
7. Well Name: LEONARD  
Well Number: 13-21  
8. Location: QtrQtr: NWSW Section: 21 Township: 2N Range: 67W Meridian: 6  
9. Field Name: SPINDLE Field Code: 77900

Completed Interval

FORMATION: SUSSEX-SHANNON Status: PRODUCING Treatment Type: FRACTURE STIMULATION  
Treatment Date: 06/07/1979 End Date: 06/07/1979 Date of First Production this formation: 06/07/1979  
Perforations Top: 4610 Bottom: 5072 No. Holes: 76 Hole size:  
Provide a brief summary of the formation treatment: Open Hole: ☐  
This formation is commingled with another formation: ☐ Yes ☒ No  
Total fluid used in treatment (bbl): 3136 Max pressure during treatment (psi):  
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): 498000 Rule 805 green completion techniques were utilized: ☒  
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 06/25/1979 Hours: 24 Bbl oil: 115 Mcf Gas: 150 Bbl H2O: 0  
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:  
Test Method: Flowing Casing PSI: 350 Tubing PSI: 150 Choke Size:  
Gas Disposition: SOLD Gas Type: WET Btu Gas: 9 API Gravity Oil: 40  
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)