

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 4. Contact Name: Troy Owens
2. Name of Operator: EXTRACTION OIL & GAS LLC Phone: (720) 557-8303
3. Address: 1888 SHERMAN ST #200 City: DENVER State: CO Zip: 80203 Fax: Email: towens@extractionog.com

5. API Number 05-123-39959-00 6. County: WELD
7. Well Name: Nelson Farm Well Number: 7
8. Location: QtrQtr: NWNW Section: 28 Township: 7N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 04/11/2015 End Date: 04/18/2015 Date of First Production this formation: 05/12/2015
Perforations Top: 7658 Bottom: 14655 No. Holes: 1260 Hole size:

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

36 stage plug and perf

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

Total fluid used in treatment (bbl): 77514 Max pressure during treatment (psi): 8716
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: 36
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): 7198780 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: 05/12/2015 Hours: 24 Bbl oil: 236 Mcf Gas: 262 Bbl H2O: 960
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: 47
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

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