

**FORM 5**

Rev 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



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Document Number:  
400804386

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: <u>10459</u>	Contact Name: <u>Kaleb Roush</u>
Name of Operator: <u>EXTRACTION OIL &amp; GAS LLC</u>	Phone: <u>(720) 557-8322</u>
Address: <u>1888 SHERMAN ST #200</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80203</u>	

API Number: <u>05-123-41037-00</u>	County: <u>WELD</u>
Well Name: <u>DT-Martinez</u>	Well Number: <u>2-5-6</u>
Location:    QtrQtr: <u>NWNE</u> Section: <u>5</u> Township: <u>5N</u> Range: <u>65W</u> Meridian: <u>6</u>	
Footage at surface:    Distance: <u>430</u> feet    Direction: <u>FNL</u> Distance: <u>1684</u> feet    Direction: <u>FEL</u>	
As Drilled Latitude: <u>40.435311</u> As Drilled Longitude: <u>-104.683732</u>	

GPS Data:  
Date of Measurement: 06/18/2015    PDOP Reading: 2.0    GPS Instrument Operator's Name: Alan Hnizdo

\*\* If directional footage at Top of Prod. Zone    Dist.: 2696 feet. Direction: FNL    Dist.: 3402 feet. Direction: FEL

Sec: 5    Twp: 5N    Rng: 65W

\*\* If directional footage at Bottom Hole    Dist.: 2677 feet. Direction: FNL    Dist.: 520 feet. Direction: FWL

Sec: 6    Twp: 5N    Rng: 65W

Field Name: WATTENBERG    Field Number: 90750

Federal, Indian or State Lease Number: \_\_\_\_\_

Spud Date: (when the 1st bit hit the dirt) 03/22/2015    Date TD: 03/29/2015    Date Casing Set or D&A: 03/30/2015

Rig Release Date: 06/13/2015    Per Rule 308A.b.

Well Classification:  
 Dry     Oil     Gas/Coalbed     Disposal     Stratigraphic     Enhanced Recovery     Storage     Observation

Total Depth    MD 14636    TVD\*\* 6875    Plug Back Total Depth    MD 14630    TVD\*\* 6875

Elevations    GR 4640    KB 4660    **Digital Copies of ALL Logs must be Attached per Rule 308A**   

List Electric Logs Run:  
GR, CBL, Mudlogs

**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	26	16+1/4	42	0	80	100	0	80	VISU
SURF	13+1/2	9+5/8	36	0	1,046	662	0	1,046	VISU
1ST	8+3/4	7	26	0	7,896	1,058	0	7,896	CBL
1ST LINER	6+1/4	4+1/2	13.5	6828	14,636				CALC

### 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	
NIOBRARA	7,390		NO	NO	

Comment:

The OHL was run on API# 05-123-41031 and is attached to its form 5.

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: Engineering Technician

Date: \_\_\_\_\_

Email: kroush@extractionog.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400854502	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400843042	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"/>
<b>Other Attachments</b>			
400842783	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400842784	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400842932	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400843043	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400859102	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400859103	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400859104	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400859105	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400860383	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400860384	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)