

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:
400811241

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

API Number 05-123-41031-00 County: WELD
 Well Name: DT-Habitat Well Number: J3-5-6
 Location: QtrQtr: NWNE Section: 5 Township: 5N Range: 65W Meridian: 6
 Footage at surface: Distance: 382 feet Direction: FNL Distance: 1684 feet Direction: FEL
 As Drilled Latitude: 40.435443 As Drilled Longitude: -104.683727

GPS Data:
 Date of Measurement: 06/18/2015 PDOP Reading: 2.1 GPS Instrument Operator's Name: Alan Hnizdo

** If directional footage at Top of Prod. Zone Dist.: 1503 feet. Direction: FNL Dist.: 3115 feet. Direction: FEL
 Sec: 5 Twp: 5N Rng: 65W
 ** If directional footage at Bottom Hole Dist.: 1542 feet. Direction: FNL Dist.: 690 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) 05/06/2015 Date TD: 05/26/2015 Date Casing Set or D&A: 02/27/2015
 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 14951 TVD** 7580 Plug Back Total Depth MD 14951 TVD** 7580

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

List Electric Logs Run:
Triple Combo, Mud, GR, CBL

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	80	80	VISU
SURF	13+1/2	9+5/8	36	0	1,043	667	0	1,043	VISU
1ST	8+3/4	7	26	0	8,116	1,102	0	8,116	CBL
1ST LINER	6+1/4	4+1/2	13.5	7951	15,135				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	
J SAND	7,829		NO	NO	

Comment:

The OHL was run on this well for all wells on this pad.

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 ?	
Attachment Checklist			
400854518	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400859772	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"/>
Other Attachments			
400842309	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400842311	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400859112	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400859113	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400859115	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400859116	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400859690	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400859691	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400859773	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400868723	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400868726	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400868727	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400868728	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400868730	WELLBORE DIAGRAM	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)