

Document Number:
400816093

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: 370 17TH STREET Fax: _____
 City: DENVER State: CO Zip: 80202

API Number 05-123-40259-00 County: WELD
 Well Name: Wind Well Number: 6
 Location: QtrQtr: NWSW Section: 31 Township: 5N Range: 67W Meridian: 6
 Footage at surface: Distance: 1686 feet Direction: FSL Distance: 240 feet Direction: FWL
 As Drilled Latitude: 40.353737 As Drilled Longitude: -104.944685

GPS Data:
 Date of Measurement: 03/20/2015 PDOP Reading: 1.3 GPS Instrument Operator's Name: Frank Convino

** If directional footage at Top of Prod. Zone Dist.: 1327 feet. Direction: FSL Dist.: 618 feet. Direction: FEL
 Sec: 36 Twp: 5N Rng: 68W
 ** If directional footage at Bottom Hole Dist.: 1325 feet. Direction: FSL Dist.: 531 feet. Direction: FWL
 Sec: 36 Twp: 5N Rng: 68W

Field Name: WATTENBERG Field Number: 90750
 Federal, Indian or State Lease Number: 2130

Spud Date: (when the 1st bit hit the dirt) 03/04/2015 Date TD: 07/03/2015 Date Casing Set or D&A: 07/04/2015
 Rig Release Date: 07/11/2015 Per Rule 308A.b.

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

Total Depth MD 11744 TVD** 7099 Plug Back Total Depth MD 11744 TVD** 7099
 Elevations GR 4927 KB 4947 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
Triple Combo, Mudlog, 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	24	16	42	0	80	100	0	80	VISU
SURF	13+1/2	9+5/8	36	0	1,521	1,003	0	1,521	VISU
1ST	7+7/8	5+1/2	26	0	11,739	1,518	0	11,744	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	
CODELL	7,593		NO	NO	

Comment:

Because the surface hole was drilled in March and the rest of the well not completed until June/ July, we measured as-builts in the interim.

The Open Hole Log was performed on this well for the pad.

The Surface cement PJR is the best that the cementing company could provide as they had a server failure and lost the bulk of our data.

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: Drilling Technician Date: _____ Email: kroush@extractionog.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400860901	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400872617	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			
400860349	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400860350	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400872599	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400872602	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400872618	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400873537	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400873829	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400873830	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400873831	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400873832	LAS-GAMMA RAY	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)