

DRILLING COMPLETION REPORT

Document Number:
400816094

Date Received:

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 05-123-40251-00 County: WELD
 Well Name: Wind Well Number: 9
 Location: QtrQtr: NWSW Section: 31 Township: 5N Range: 67W Meridian: 6
 Footage at surface: Distance: 1602 feet Direction: FSL Distance: 240 feet Direction: FWL
 As Drilled Latitude: 40.353507 As Drilled Longitude: -104.944691

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.: 783 feet. Direction: FSL Dist.: 514 feet. Direction: FEL
 Sec: 36 Twp: 5N Rng: 68W
 ** If directional footage at Bottom Hole Dist.: 706 feet. Direction: FSL Dist.: 528 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) 03/06/2015 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 11804 TVD** 7095 Plug Back Total Depth MD 11804 TVD** 7095
 Elevations GR 4928 KB 4948 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
Cement bond log, Mudlog, GR

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	1,507	1,003	0	1,507	VISU
1ST	7+7/8	5+1/2	26	0	11,804	1,443	0	11,804	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	7,430		NO	NO	

Comment:

The OHL was run on 05-123-40251.

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: Engineering Technician

Date: _____

Email: kroush@extractionog.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400872874	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400872630	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			
400872622	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400872626	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400872629	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400873539	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400873837	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400873838	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400873839	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400873840	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)