

FORM 5A

Rev 06/12

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: 400714592

Date Received: 10/30/2014

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: 370 17TH STREET SUITE 5300 Fax: _____
 City: DENVER State: CO Zip: 80202 Email: towens@extractionog.com

5. API Number 05-123-38567-00 6. County: WELD
 7. Well Name: DIAMOND VALLEY EAST Well Number: 7
 8. Location: QtrQtr: SWSW Section: 23 Township: 6N Range: 67W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 06/10/2014 End Date: 06/11/2014 Date of First Production this formation: 06/26/2014

Perforations Top: 7583 Bottom: 11873 No. Holes: 0 Hole size: _____

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

20 stage sliding sleeve; 38,812 bbls fluid pumped; 4,051,643 lbs proppant pumped

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 38812 Max pressure during treatment (psi): 7650

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.33

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.97

Total acid used in treatment (bbl): _____ Number of staged intervals: 20

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 4543

Fresh water used in treatment (bbl): 38812 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 4051643 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 06/27/2014 Hours: 24 Bbl oil: 13 Mcf Gas: 140 Bbl H2O: 1162

Calculated 24 hour rate: Bbl oil: 13 Mcf Gas: 140 Bbl H2O: 1162 GOR: 11

Test Method: Measured Casing PSI: 1200 Tubing PSI: 950 Choke Size: _____

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1297 API Gravity Oil: 45

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7044 Tbg setting date: 06/20/2014 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: 10/30/2014 Email towens@extractionog.com
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Attachment Check List

Att Doc Num **Name**

400714592	FORM 5A SUBMITTED
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Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

Permit	Returned to draft per operator's request.	3/4/2015 8:28:08 AM
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