

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.

Document Number:
400844228

Date Received:

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 SUITE 5300 Fax: _____

City: DENVER State: CO Zip: 80202

API Number 05-123-40357-00 County: WELD

Well Name: WAAG Well Number: 8

Location: QtrQtr: SENW Section: 19 Township: 7N Range: 65W Meridian: 6

Footage at surface: Distance: 2367 feet Direction: FNL Distance: 2469 feet Direction: FWL

As Drilled Latitude: 40.561520 As Drilled Longitude: -104.706964

GPS Data:
Date of Measurement: 09/24/2015 PDOP Reading: 1.8 GPS Instrument Operator's Name: Ben Milius

** If directional footage at Top of Prod. Zone Dist.: 1446 feet. Direction: FNL Dist.: 2163 feet. Direction: FWL
Sec: 19 Twp: 7N Rng: 65W

** If directional footage at Bottom Hole Dist.: 1494 feet. Direction: FNL Dist.: 2194 feet. Direction: FEL
Sec: 24 Twp: 7N Rng: 66W

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 05/30/2015 Date TD: 08/14/2015 Date Casing Set or D&A: 08/15/2015

Rig Release Date: 09/16/2015 Per Rule 308A.b.

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

Total Depth MD 12090 TVD** 7191 Plug Back Total Depth MD 12090 TVD** 7191

Elevations GR 4886 KB 4910 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, Gamma Ray, Mudlog

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	910	390	0	910	VISU
1ST	8+3/4	7	26	0	7,690	827	776	7,690	CBL
1ST LINER	6+1/8	4+1/2	13.5	7540	12,036				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	
PARKMAN	3,980		NO	NO	
SUSSEX	4,735		NO	NO	
SHANNON	5,239		NO	NO	
SHARON SPRINGS	7,148		NO	NO	
NIOBRARA	7,196		NO	NO	

Comment:

The Open Hole Log was run on Waag 7 API# 05-123-40364-01 and is attached to its form 5 Doc# 400800729.

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			
400854396	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400908557	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			
400908018	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400908555	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400908562	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400908563	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400908566	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400908567	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400908569	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400908570	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)