

**DRILLING COMPLETION REPORT**

Document Number:  
400844230

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 SUITE 5300 Fax: \_\_\_\_\_  
 City: DENVER State: CO Zip: 80202

API Number 05-123-40353-00 County: WELD  
 Well Name: WAAG Well Number: 9  
 Location: QtrQtr: SENW Section: 19 Township: 7N Range: 65W Meridian: 6  
 Footage at surface: Distance: 2395 feet Direction: FNL Distance: 2469 feet Direction: FWL  
 As Drilled Latitude: 40.561444 As Drilled Longitude: -104.706965

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.: 1786 feet. Direction: FNL Dist.: 2081 feet. Direction: FWL  
 Sec: 19 Twp: 7N Rng: 65W  
 \*\* If directional footage at Bottom Hole Dist.: 1841 feet. Direction: FNL Dist.: 2214 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) 05/29/2015 Date TD: 08/08/2015 Date Casing Set or D&A: 08/09/2015  
 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 11940 TVD\*\* 7194 Plug Back Total Depth MD 11940 TVD\*\* 7194  
 Elevations GR 4886 KB 4910 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
CBL, Mudlog, Gamma

**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	902	390	0	902	CBL
1ST	8+3/4	7	26	0	7,585	823	640	7,585	CBL
1ST LINER	6+1/8	4+1/2	13.5	7405	11,889				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	3,881		NO	NO	
SUSSEX	4,638		NO	NO	
SHANNON	5,138		NO	NO	
SHARON SPRINGS	7,131		NO	NO	
NIOBRARA	7,197		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 ?	
<b>Attachment Checklist</b>			
400854398	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400908581	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"/>
<b>Other Attachments</b>			
400891024	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400908571	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400908573	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400908574	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400908575	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400908577	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400908579	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400908580	DIRECTIONAL DATA	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)