

DRILLING COMPLETION REPORT

Document Number:
400879973

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 05-123-41434-00 County: WELD
 Well Name: Troutd Well Number: 5
 Location: QtrQtr: SESE Section: 32 Township: 2N Range: 67W Meridian: 6
 Footage at surface: Distance: 537 feet Direction: FSL Distance: 1063 feet Direction: FEL
 As Drilled Latitude: 40.089071 As Drilled Longitude: -104.909117

GPS Data:
 Date of Measurement: 09/24/2015 PDOP Reading: 1.6 GPS Instrument Operator's Name: Ben Milius

** If directional footage at Top of Prod. Zone Dist.: 487 feet. Direction: FSL Dist.: 1307 feet. Direction: FEL
 Sec: 32 Twp: 2N Rng: 67W
 ** If directional footage at Bottom Hole Dist.: 506 feet. Direction: FNL Dist.: 1352 feet. Direction: FEL
 Sec: 29 Twp: 2N Rng: 67W

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

Spud Date: (when the 1st bit hit the dirt) 07/25/2015 Date TD: 08/22/2015 Date Casing Set or D&A: 08/23/2015
 Rig Release Date: 09/17/2015 Per Rule 308A.b.

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

Total Depth MD 17418 TVD** 7474 Plug Back Total Depth MD 17413 TVD** 7474
 Elevations GR 5099 KB 5079 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, GR, 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	1,544	822	0	80	VISU
1ST	7+7/8	5+1/2	20	0	17,418	1,490	100	17,413	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	4,283		NO	NO	
SUSSEX	4,735		NO	NO	
SHANNON	5,219		NO	NO	
SHARON SPRINGS	7,558		NO	NO	
NIOBRARA	7,577		NO	NO	

Comment:

The Open Hole Log was run on Troudt 6 (05-123-41436) and is attached to it's form 5.

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			
400902867	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400890932	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			
400890930	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400908376	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400920497	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400920501	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400920505	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400920506	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)