

FORM
5Rev
09/14

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400879974

Date Received:

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.

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 05-123-41436-00

County: WELD

Well Name: Troutd

Well Number: 6

Location: QtrQtr: SESE Section: 32 Township: 2N Range: 67W Meridian: 6

Footage at surface: Distance: 537 feet Direction: FSL Distance: 1091 feet Direction: FEL

As Drilled Latitude: 40.089071 As Drilled Longitude: -104.909216

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.: 501 feet. Direction: FSL Dist.: 1714 feet. Direction: FEL

Sec: 32 Twp: 2N Rng: 67W

** If directional footage at Bottom Hole Dist.: 510 feet. Direction: FNL Dist.: 1639 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 17676 TVD** 7699 Plug Back Total Depth MD 17676 TVD** 7699

Elevations GR 5079 KB 5099

Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

Triple Combo, 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	1,554	822	0	1,554	VISU
1ST	7+7/8	5+1/2	20	0	17,676	1,490	90	17,676	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	4,282		NO	NO	
SUSSEX	4,740		NO	NO	
SHANNON	5,217		NO	NO	
NIOBRARA	7,471		NO	NO	
SHARON SPRINGS	7,489		NO	NO	
FORT HAYS	8,003		NO	NO	
CODELL	8,111		NO	NO	

Comment:

The Open Hole Log was run on this well and is attached here for all the Troudt wells.

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 ?
<u>Attachment Checklist</u>		
400879977	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400890965	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"/>
<u>Other Attachments</u>		
400890964	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400902226	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400902232	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400908378	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400920583	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400920584	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400920585	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400920586	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400920588	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400920589	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)