

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:

400854301

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 &amp; GAS LLC

Phone: (720) 557-8322

Address: 370 17TH STREET SUITE 5300

Fax:

City: DENVER State: CO Zip: 80202

API Number 05-123-40348-00

County: WELD

Well Name: WAAG

Well Number: 22

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

Footage at surface: Distance: 305 feet Direction: FSL Distance: 2363 feet Direction: FWL

As Drilled Latitude: 40.554313 As Drilled Longitude: -104.707364

## GPS Data:

Date of Measurement: 06/11/2015 PDOP Reading: 2.6 GPS Instrument Operator's Name: Alan Hnizdo

\*\* If directional footage at Top of Prod. Zone Dist.: 697 feet. Direction: FSL Dist.: 2006 feet. Direction: FWL

Sec: 19 Twp: 7N Rng: 65W

\*\* If directional footage at Bottom Hole Dist.: 677 feet. Direction: FSL Dist.: 2174 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) 06/03/2015 Date TD: 07/26/2015 Date Casing Set or D&amp;A: 07/27/2015

Rig Release Date: 10/04/2015 Per Rule 308A.b.

## Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 12063 TVD\*\* 7367 Plug Back Total Depth MD 12063 TVD\*\* 7367

Elevations GR 4868 KB 4893 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	881	390	0	881	VISU
1ST	8+3/4	7	26	0	7,680	1,046	50	7,680	CBL
1ST LINER	6+1/8	4+1/2	13.5	7501	12,063				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	3,890		NO	NO	
SUSSEX	4,651		NO	NO	
SHANNON	5,195		NO	NO	
SHARON SPRINGS	7,062		NO	NO	
NIOBRARA	7,103		NO	NO	
FORT HAYS	7,474		NO	NO	
CODELL	7,610		NO	NO	

Comment:

The Open Hole Log was run on Waag 19 (05-123-40351-01) and is attached to its 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 ?	
<u>Attachment Checklist</u>			
400854489	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400928022	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>			
400928020	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400928110	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400940201	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400940202	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400940203	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400940204	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400940207	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400940208	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)