

DRILLING COMPLETION REPORT

Document Number:
400939333

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 05-123-42355-00 County: WELD
 Well Name: Janssen Well Number: 1
 Location: QtrQtr: SENW Section: 8 Township: 6N Range: 65W Meridian: 6
 Footage at surface: Distance: 2119 feet Direction: FNL Distance: 2397 feet Direction: FWL
 As Drilled Latitude: 40.503397 As Drilled Longitude: -104.688266

GPS Data:
 Date of Measurement: 01/14/2016 PDOP Reading: 1.7 GPS Instrument Operator's Name: Daniel Rexford

** If directional footage at Top of Prod. Zone Dist.: 13 feet. Direction: FSL Dist.: 2197 feet. Direction: FWL
 Sec: 5 Twp: 6N Rng: 65W
 ** If directional footage at Bottom Hole Dist.: 15 feet. Direction: FNL Dist.: 1949 feet. Direction: FEL
 Sec: 7 Twp: 6N Rng: 65W

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

Spud Date: (when the 1st bit hit the dirt) 12/11/2015 Date TD: 12/13/2015 Date Casing Set or D&A: 12/14/2015
 Rig Release Date: 12/31/2015 Per Rule 308A.b.

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

Total Depth MD 11905 TVD** 6998 Plug Back Total Depth MD 11905 TVD** 6998

Elevations GR 4780 KB 4805 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
Mudlog, Gamma Ray, CBL

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	1,585	700	0	1,585	VISU
1ST	7+7/8	5+1/2	20	0	11,905	1,350	760	11,905	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	3,981		NO	NO	
SUSSEX	4,731		NO	NO	
SHANNON	4,987		NO	NO	
SHARON SPRINGS	7,354		NO	NO	
NIOBRARA	7,411		NO	NO	

Comment:

The Combination OHL was run on Janssen 11 (05-123-42363) and is attached to its form 5 (Doc #400939349).

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			
400979028	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400956850	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			
400956849	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400968602	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400968603	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400968604	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400969086	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)