

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:

400939335

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 05-123-42359-00

County: WELD

Well Name: Janssen

Well Number: 2

Location: QtrQtr: SENW Section: 8 Township: 6N Range: 65W Meridian: 6

Footage at surface: Distance: 2147 feet Direction: FNL Distance: 2397 feet Direction: FWL

As Drilled Latitude: 40.503320 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.: 162 feet. Direction: FNL Dist.: 2185 feet. Direction: FWL

Sec: 8 Twp: 6N Rng: 65W

** If directional footage at Bottom Hole Dist.: 214 feet. Direction: FNL Dist.: 1930 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) 12/10/2015 Date TD: 12/16/2015 Date Casing Set or D&A: 12/17/2015

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 11945 TVD** 7213 Plug Back Total Depth MD 11945 TVD** 7213

Elevations GR 4779 KB 4804

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	1,585	700	0	1,585	VISU
1ST	7+7/8	5+1/2	20	0	11,945	1,300	112	11,945	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	3,927		NO	NO	
SUSSEX	4,648		NO	NO	
SHANNON	4,929		NO	NO	
SHARON SPRINGS	7,262		NO	NO	
NIOBRARA	7,299		NO	NO	
FORT HAYS	7,787		NO	NO	
CODELL	8,267		NO	NO	

Comment:

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

Formations were encountered in the lateral portion of the well in the following manner:

7787-8267' Fort Hayes
8267-9533' Codell
9533-10155' Fort Hayes
10155-11603' Codell
11603-11911' Fort Hayes

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>			
400979087	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400956847	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>			
400956842	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400968653	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400968655	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400969114	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400969628	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400969629	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)