

FORM 5A  
Rev 06/12

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:  
400970502

Date Received:

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 10459 4. Contact Name: Troy Owens  
 2. Name of Operator: EXTRACTION OIL & GAS LLC Phone: (720) 557-8303  
 3. Address: 370 17TH STREET SUITE 5300 Fax: \_\_\_\_\_  
 City: DENVER State: CO Zip: 80202 Email: towens@extractionog.com

5. API Number 05-123-40346-00 6. County: WELD  
 7. Well Name: Waag Well Number: 20  
 8. Location: QtrQtr: SESW Section: 19 Township: 7N Range: 65W Meridian: 6  
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/20/2015 End Date: 11/26/2015 Date of First Production this formation: 12/07/2015  
 Perforations Top: 7519 Bottom: 11240 No. Holes: 255 Hole size: 11/25

Provide a brief summary of the formation treatment: Open Hole:

39 half sleeve stages, 6 plug and perf stages;  
78324 total bbls of fluid pumped, 24 bbls of acid, 2755 bbls of recycled water, 75545 bbls of fresh water;  
5428644 lbs of 40/70 proppant pumped

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 78324 Max pressure during treatment (psi): 10017  
 Total gas used in treatment (mcf): \_\_\_\_\_ Fluid density at initial fracture (lbs/gal): 8.33  
 Type of gas used in treatment: \_\_\_\_\_ Min frac gradient (psi/ft): 1.00  
 Total acid used in treatment (bbl): 24 Number of staged intervals: 45  
 Recycled water used in treatment (bbl): 2755 Flowback volume recovered (bbl): 6141  
 Fresh water used in treatment (bbl): 75545 Disposition method for flowback: RECYCLE  
 Total proppant used (lbs): 5428644 Rule 805 green completion techniques were utilized:   
 Reason why green completion not utilized: \_\_\_\_\_

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 12/08/2015 Hours: 24 Bbl oil: 123 Mcf Gas: 129 Bbl H2O: 829  
 Calculated 24 hour rate: Bbl oil: 123 Mcf Gas: 129 Bbl H2O: 829 GOR: 953  
 Test Method: Measured Casing PSI: 950 Tubing PSI: \_\_\_\_\_ Choke Size: 18/64  
 Gas Disposition: FLARED Gas Type: WET Btu Gas: 1289 API Gravity Oil: 38  
 Tubing Size: \_\_\_\_\_ Tubing Setting Depth: \_\_\_\_\_ Tbg setting date: \_\_\_\_\_ Packer Depth: \_\_\_\_\_

Reason for Non-Production: \_\_\_\_\_

Date formation Abandoned: \_\_\_\_\_ Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_  
 \*\* Bridge Plug Depth: \_\_\_\_\_ \*\* Sacks cement on top: \_\_\_\_\_ \*\* Wireline and Cement Job Summary must be attached.

Comment:

Well turned on flowback before tubing was added, no tubing pressure information for well test.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Troy Owens

Title: Engineer Date: \_\_\_\_\_ Email: towens@extractionog.com

### Attachment Check List

**Att Doc Num**      **Name**

400970527	WELLBORE DIAGRAM
-----------	------------------

Total Attach: 1 Files

### General Comments

**User Group**      **Comment**      **Comment Date**

--	--	--

Total: 0 comment(s)