

FORM
5ARev
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



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Document Number:

400970543

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 05-123-40348-00 6. County: WELD
 7. Well Name: WAAG Well Number: 22
 8. Location: QtrQtr: NESW Section: 19 Township: 7N Range: 65W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATIONTreatment Date: 11/12/2015 End Date: 11/15/2015 Date of First Production this formation: 12/05/2015Perforations Top: 7862 Bottom: 12063 No. Holes: _____ Hole size: _____Provide a brief summary of the formation treatment: Open Hole: ☒

20 stage sliding sleeve;
 48163 total bbls of fluid pumped, 1694 bbls of recycled water, 46469 bbls of fresh water;
 2402071 lbs of 40/70 proppant pumped, 1598932 lbs of 20/40 proppant pumped

This formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 48163 Max pressure during treatment (psi): 8606Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.33Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.94Total acid used in treatment (bbl): _____ Number of staged intervals: 20Recycled water used in treatment (bbl): 1694 Flowback volume recovered (bbl): 5625Fresh water used in treatment (bbl): 46469 Disposition method for flowback: RECYCLETotal proppant used (lbs): 4001003 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 12/06/2015 Hours: 24 Bbl oil: 74 Mcf Gas: 111 Bbl H2O: 1236Calculated 24 hour rate: Bbl oil: 74 Mcf Gas: 111 Bbl H2O: 1236 GOR: 1500Test Method: Measured Casing PSI: 1000 Tubing PSI: _____ Choke Size: 18/64Gas Disposition: FLARED Gas Type: WET Btu Gas: 1298 API Gravity Oil: 39

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:

No tubing installed during flowback, 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**

400970553	WELLBORE DIAGRAM
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Total Attach: 1 Files

General Comments

User Group **Comment**

Comment Date

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Total: 0 comment(s)