

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:

400974185

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 05-123-42319-00

County: WELD

Well Name: Johnson Trust

Well Number: 1

Location: QtrQtr: NWSW Section: 13 Township: 2N Range: 68W Meridian: 6

Footage at surface: Distance: 2265 feet Direction: FSL Distance: 389 feet Direction: FWL

As Drilled Latitude: 40.137626 As Drilled Longitude: -104.959616

## GPS Data:

Date of Measurement: 02/29/2016 PDOP Reading: 2.0 GPS Instrument Operator's Name: Daniel Rexford

\*\* If directional footage at Top of Prod. Zone Dist.: 2172 feet. Direction: FSL Dist.: 2621 feet. Direction: FWL

Sec: 13 Twp: 2N Rng: 68W

\*\* If directional footage at Bottom Hole Dist.: 2192 feet. Direction: FNL Dist.: 2655 feet. Direction: FWL

Sec: 24 Twp: 2N Rng: 68W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 12/29/2015 Date TD: 01/14/2016 Date Casing Set or D&amp;A: 01/15/2016

Rig Release Date: 02/16/2016 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 12630 TVD\*\* 7536 Plug Back Total Depth MD 12630 TVD\*\* 7536

Elevations GR 4928 KB 4953

Digital Copies of ALL Logs must be Attached per Rule 308A ☒

## List Electric Logs Run:

CBL, GR, Mudlog, Combination OHL run on 05-123-42321

## 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	1,569	664	0	1,569	VISU
1ST LINER	7+7/8	5+1/2	20	0	12,630	1,260	132	12,630	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	4,047		NO	NO	
SUSSEX	4,792		NO	NO	
SHANNON	5,229		NO	NO	
SHARON SPRINGS	7,745		NO	NO	
NIOBRARA	7,795		NO	NO	
FORT HAYS	8,315		NO	NO	
CODELL	8,489		NO	NO	

Comment:

The Combination Open Hole Log was run on Johnson Trust 5 (05-123-42321) and is attached to its Form 5.

The TPZ footages are estimates as the completions on this well will be delayed due to economic and logistical reasons.

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>			
401002839	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400974187	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>			
400974189	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401002463	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401002464	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401002493	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401002495	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401012195	PDF-CEMENT BOND	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)