

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.

Document Number:
400984310

Date Received:

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 05-123-42316-00 County: WELD

Well Name: Johnson Trust Well Number: 6

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

Footage at surface: Distance: 2125 feet Direction: FSL Distance: 388 feet Direction: FWL

As Drilled Latitude: 40.137262 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.: 2181 feet. Direction: FSL Dist.: 1186 feet. Direction: FWL
Sec: 13 Twp: 2N Rng: 68W

** If directional footage at Bottom Hole Dist.: 2166 feet. Direction: FNL Dist.: 1226 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) 01/10/2016 Date TD: 01/31/2016 Date Casing Set or D&A: 02/01/2016

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 12050 TVD** 7328 Plug Back Total Depth MD 12050 TVD** 7328

Elevations GR 4924 KB 4949 **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	1,582	700	0	1,582	VISU
1ST LINER	7+7/8	5+1/2	20	0	12,048	1,525	202	12,048	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	3,938		NO	NO	
SUSSEX	4,586		NO	NO	
SHANNON	4,947		NO	NO	
SHARON SPRINGS	7,587		NO	NO	
NIOBRARA	7,769		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 ?	
Attachment Checklist			
401002865	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400984326	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			
400984327	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401002581	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401002582	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401002585	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401002587	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401012311	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)