

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



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Document Number:

400984317

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 05-123-42313-00

County: WELD

Well Name: Johnson Trust

Well Number: 9

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

Footage at surface: Distance: 2041 feet Direction: FSL Distance: 388 feet Direction: FWL

As Drilled Latitude: 40.137033 As Drilled Longitude: -104.959617

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.: 2187 feet. Direction: FSL Dist.: 285 feet. Direction: FWL

Sec: 13 Twp: 2N Rng: 68W

** If directional footage at Bottom Hole Dist.: 2171 feet. Direction: FNL Dist.: 296 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) 12/20/2016 Date TD: 02/11/2016 Date Casing Set or D&A: 02/12/2016

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 12341 TVD** 7542 Plug Back Total Depth MD 12341 TVD** 7542

Elevations GR 4922 KB 4947

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	1,553	700	0	1,553	VISU
1ST LINER	7+7/8	5+1/2	20	0	12,341	1,650	1,600	12,341	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	3,943		NO	NO	
SUSSEX	4,609		NO	NO	
SHANNON	4,934		NO	NO	
SHARON SPRINGS	7,275		NO	NO	
NIOBRARA	7,367		NO	NO	
FORT HAYS	7,679		NO	NO	
CODELL	7,746		NO	NO	
CARLILE	7,913		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.

Additional formation tops:
Codell: 8114-12341'

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>			
401002901	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400989400	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>			
400989401	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401002634	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401002635	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401002636	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401002637	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401012391	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)