

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:

401014896

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 05-123-41800-00

County: WELD

Well Name: Bybee

Well Number: 1

Location: QtrQtr: NESE Section: 14 Township: 2N Range: 68W Meridian: 6

Footage at surface: Distance: 2267 feet Direction: FSL Distance: 1080 feet Direction: FEL

As Drilled Latitude: 40.137663 As Drilled Longitude: -104.964870

GPS Data:

Date of Measurement: 03/29/2016 PDOP Reading: 1.2 GPS Instrument Operator's Name: Alec Shull

** If directional footage at Top of Prod. Zone Dist.: 2190 feet. Direction: FSL Dist.: 29 feet. Direction: FEL

Sec: 14 Twp: 2N Rng: 68W

** If directional footage at Bottom Hole Dist.: 2561 feet. Direction: FSL Dist.: 21 feet. Direction: FEL

Sec: 23 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) 02/23/2016 Date TD: 02/27/2016 Date Casing Set or D&A: 02/28/2016

Rig Release Date: 03/22/2016 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 12659 TVD** 7320 Plug Back Total Depth MD 12659 TVD** 7320

Elevations GR 4900 KB 4925 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

CBL, GR, Mud

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	1,615	550	0	1,615	VISU
1ST LINER	7+7/8	5+1/2	20	0	12,639	1,700	60	12,639	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	3,888		NO	NO	
SUSSEX	4,577		NO	NO	
SHANNON	4,927		NO	NO	
SHARON SPRINGS	7,410		NO	NO	
NIOBRARA	7,470		NO	NO	

Comment:

The Combination OHL was run on Bybee 6 (05-123-41797) and it attached to its form 5 for all Bybee wells.

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>					
401032835	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
401015973	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>					
401015975	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401015976	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401030716	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401030718	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401030722	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401030725	LAS-GAMMA RAY	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)