

FORM
5
Rev
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:
401014904

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 05-123-41802-00 County: WELD
 Well Name: Bybee Well Number: 3
 Location: QtrQtr: NESE Section: 14 Township: 2N Range: 68W Meridian: 6
 Footage at surface: Distance: 2267 feet Direction: FSL Distance: 1136 feet Direction: FEL
 As Drilled Latitude: 40.137664 As Drilled Longitude: -104.965070

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.: 723 feet. Direction: FEL
 Sec: 14 Twp: 2N Rng: 68W
 ** If directional footage at Bottom Hole Dist.: 2550 feet. Direction: FSL Dist.: 670 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) 02/22/2016 Date TD: 03/04/2016 Date Casing Set or D&A: 03/05/2016
 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 12460 TVD** 7306 Plug Back Total Depth MD 12455 TVD** 7306

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	1,595	550	0	1,595	VISU
1ST LINER	7+7/8	5+1/2	20	0	12,455	1,550	180	12,455	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	3,885		NO	NO	
SUSSEX	4,552		NO	NO	
SHANNON	4,868		NO	NO	
SHARON SPRINGS	7,267		NO	NO	
NIOBRARA	7,306		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 ?	
Attachment Checklist			
401032883	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401016101	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			
401016098	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401016102	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401030825	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401030826	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401030828	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401030829	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)