

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:

401009068

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 05-123-38824-00

County: WELD

Well Name: CS-Scott

Well Number: 2-1-12

Location: QtrQtr: SWSE Section: 36 Township: 6N Range: 66W Meridian: 6

Footage at surface: Distance: 341 feet Direction: FSL Distance: 2032 feet Direction: FEL

As Drilled Latitude: 40.438380 As Drilled Longitude: -104.723170

GPS Data:

Date of Measurement: 07/02/2014

PDOP Reading: 1.4

GPS Instrument Operator's Name: CRW

** If directional footage at Top of Prod. Zone Dist.: 460 feet. Direction: FNL Dist.: 862 feet. Direction: FEL

Sec: 1

Twp: 5N

Rng: 66W

** If directional footage at Bottom Hole Dist.: 2480 feet. Direction: FNL Dist.: 1013 feet. Direction: FWL

Sec: 12

Twp: 5N

Rng: 66W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 03/07/2014 Date TD: 04/03/2014 Date Casing Set or D&A: 04/06/2014

Rig Release Date: 05/15/2014 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 15280 TVD** 6942 Plug Back Total Depth MD 15280 TVD** 6942

Elevations GR 4665 KB 4687

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

List Electric Logs Run:

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	12+1/4	9+5/8	36	0	1,035	215	0	1,035	VISU
SURF	8+3/4	7	29	0	7,920	235	0	7,920	CBL
1ST LINER	3+1/8	4+1/2	13.5	7761	15,280				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	3,762		NO	NO	
SUSSEX	4,604		NO	NO	
SHANNON	5,052		NO	NO	
SHARON SPRINGS	7,086		NO	NO	
NIOBRARA	7,127		NO	NO	

Comment:

This well was drilled prior to Extraction's ownership. Because the form 5 should have been submitted in the gap between the completion of drilling and when this well was assigned to Extraction to comply with COGCC policies, Extraction was unaware that this form was delinquent until March 2016.

TPZ is an estimate as this well was drilled by Mineral Resources. Please see the 5A submitted by Mineral Resources for the actual top of production depth.

No combination OHL or CBL was run on the CS Street wells. COGCC will determine appropriate action.

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>		
401023261	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
401009145	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>		
401009148	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401011461	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401011462	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401011469	PDF-MUD	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)