

DRILLING COMPLETION REPORT

Document Number:
401009068

Date Received:

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 ?	
Attachment Checklist			
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"/>
Other Attachments			
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)