

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Table with columns DE, ET, OE, ES

Document Number: 401061548

Date Received:

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 10459 4. Contact Name: Troy Owens
2. Name of Operator: EXTRACTION OIL & GAS LLC Phone: (720) 557-8303
3. Address: 370 17TH STREET SUITE 5300 City: DENVER State: CO Zip: 80202 Fax: Email: towens@extractionog.com

5. API Number 05-123-42363-00 6. County: WELD
7. Well Name: Janssen Well Number: 11
8. Location: QtrQtr: SENW Section: 8 Township: 6N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL-FORT HAYS Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 04/23/2016 End Date: 04/24/2016 Date of First Production this formation: 06/21/2016
Perforations Top: 7577 Bottom: 11243 No. Holes: 72 Hole size: 11/25

Provide a brief summary of the formation treatment: Open Hole: []

36 cemented sleeve stages, 1 plug and perf stage;
52281 total bbls of fluid pumped: 4989 bbls of recycled water, 47280 bbls of fresh water, 12 bbls of acid;
4106840 total lbs of 40/70 proppant pumped

This formation is commingled with another formation: [] Yes [X] No
Total fluid used in treatment (bbl): 52281 Max pressure during treatment (psi): 9119
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.33
Type of gas used in treatment: Min frac gradient (psi/ft): 0.98
Total acid used in treatment (bbl): 12 Number of staged intervals: 37
Recycled water used in treatment (bbl): 4989 Flowback volume recovered (bbl): 1784
Fresh water used in treatment (bbl): 47280 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 4106840 Rule 805 green completion techniques were utilized: [X]
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 06/21/2016 Hours: 12 Bbl oil: 230 Mcf Gas: 264 Bbl H2O: 163
Calculated 24 hour rate: Bbl oil: 460 Mcf Gas: 528 Bbl H2O: 326 GOR: 1148
Test Method: Measured Casing PSI: 1907 Tubing PSI: 1698 Choke Size: 18/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1214 API Gravity Oil: 47
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7152 Tbg setting date: 06/04/2016 Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeeze: [] Yes [] No If yes, number of sacks cmt

** Bridge Plug Depth: ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

FORMATION: CODELL Status: COMMINGLED Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: _____

Perforations Top: 7577 Bottom: 11243 No. Holes: 40 Hole size: 11/25

Provide a brief summary of the formation treatment: _____ Open Hole:

Perfed and cemented sleeves;
Completed intervals: 7577-7731; 7905-8800; 9094-11243;

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____

Total acid used in treatment (bbl): _____ Number of staged intervals: _____

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____

Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: _____ ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: FORT HAYS Status: COMMINGLED Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: _____

Perforations Top: 7820 Bottom: 9012 No. Holes: 3 Hole size: 2

Provide a brief summary of the formation treatment: _____ Open Hole:

Cemented sleeves;
Completed intervals: 7820-7821; 8885-9012;

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____

Total acid used in treatment (bbl): _____ Number of staged intervals: _____

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____

Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: _____ ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Troy Owens

Title: Engineer Date: _____ Email: towens@extractionog.com

Attachment Check List

Att Doc Num	Name
401080360	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)