

DRILLING COMPLETION REPORT

Document Number:
401125163

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: Kamrin Ruder

Name of Operator: EXTRACTION OIL & GAS LLC Phone: (720) 9747743

Address: 370 17TH STREET SUITE 5300 Fax: _____

City: DENVER State: CO Zip: 80202

API Number 05-123-39579-00 County: WELD

Well Name: Winder Well Number: 8

Location: QtrQtr: NENE Section: 9 Township: 6N Range: 67W Meridian: 6

Footage at surface: Distance: 858 feet Direction: FNL Distance: 684 feet Direction: FEL

As Drilled Latitude: 40.506650 As Drilled Longitude: -104.891287

GPS Data:

Date of Measurement: 09/27/2016 PDOP Reading: 1.2 GPS Instrument Operator's Name: Ross Todd

** If directional footage at Top of Prod. Zone Dist.: 1445 feet. Direction: FNL Dist.: 460 feet. Direction: FEL

Sec: 9 Twp: 6N Rng: 67W

** If directional footage at Bottom Hole Dist.: 1303 feet. Direction: FNL Dist.: 495 feet. Direction: FWL

Sec: 8 Twp: 6N Rng: 67W

Field Name: SEVERANCE Field Number: 77030

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 07/06/2016 Date TD: 09/03/2016 Date Casing Set or D&A: 09/04/2016

Rig Release Date: 09/18/2016 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 17072 TVD** 7031 Plug Back Total Depth MD 17043 TVD** 7031

Elevations GR 4866 KB 4891 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:

MUD, CBL, GR

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	1,541	550	0	1,541	VISU
1ST	7+7/8	5+1/2	20	0	17,043	2,275	1,380	17,043	CBL

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	3,607		NO	NO	
SUSSEX	4,397		NO	NO	
SHANNON	4,755		NO	NO	
SHARON SPRINGS	7,042		NO	NO	
NIOBRARA	7,153		NO	NO	

Comment:

The Combination OHL was run on Winder 3 (05-123-39574-00) and is attached to its form 5.

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: Kamrin Ruder

Title: Drilling Technician Date: _____ Email: kruder@extractionog.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401130069	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401142261	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			
401130064	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401134436	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401142263	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401150705	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401150708	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)