

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:

401125185

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: 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 05-123-39583-00

County: WELD

Well Name: Winder

Well Number: 12

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

Footage at surface: Distance: 962 feet Direction: FNL Distance: 684 feet Direction: FEL

As Drilled Latitude: 40.506366 As Drilled Longitude: -104.891289

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.: 2532 feet. Direction: FNL Dist.: 460 feet. Direction: FEL

Sec: 9 Twp: 6N Rng: 67W

** If directional footage at Bottom Hole Dist.: 2294 feet. Direction: FNL Dist.: 505 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) 07/01/2016 Date TD: 07/28/2016 Date Casing Set or D&A: 07/29/2016

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 17170 TVD** 6900 Plug Back Total Depth MD 17163 TVD** 6900

Elevations GR 4865 KB 4890

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

List Electric Logs Run:

MUD, GR, CBL,

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	1,537	550	0	1,537	VISU
1ST	7+7/8	5+1/2	20	0	17,164	2,175	250	17,164	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	3,653		NO	NO	
SUSSEX	4,484		NO	NO	
SHANNON	4,849		NO	NO	
SHARON SPRINGS	7,333		NO	NO	
NIOBRARA	7,398		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 ?
<u>Attachment Checklist</u>		
401131853	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
401138669	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>		
401125728	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401131843	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401131848	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401131850	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401134178	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401134181	PDF-MUD	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)