

**FORM**  
**5**  
Rev  
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:  
401158783

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 05-123-43408-00 County: WELD  
 Well Name: Winder South Well Number: 3  
 Location: QtrQtr: SENE Section: 9 Township: 6N Range: 67W Meridian: 6  
 Footage at surface: Distance: 2306 feet Direction: FNL Distance: 488 feet Direction: FEL  
 As Drilled Latitude: 40.502675 As Drilled Longitude: -104.890627

GPS Data:  
 Date of Measurement: 11/12/2016 PDOP Reading: 2.4 GPS Instrument Operator's Name: Dominick Davis

\*\* If directional footage at Top of Prod. Zone Dist.: 2260 feet. Direction: FSL Dist.: 460 feet. Direction: FEL  
 Sec: 9 Twp: 6N Rng: 67W  
 \*\* If directional footage at Bottom Hole Dist.: 2365 feet. Direction: FSL Dist.: 521 feet. Direction: FWL  
 Sec: 8 Twp: 6N Rng: 67W

Field Name: WATTENBERG Field Number: 90750  
 Federal, Indian or State Lease Number: \_\_\_\_\_

Spud Date: (when the 1st bit hit the dirt) 08/12/2016 Date TD: 09/02/2016 Date Casing Set or D&A: 09/02/2016  
 Rig Release Date: 11/06/2016 Per Rule 308A.b.

Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

Total Depth MD 16968 TVD\*\* 6938 Plug Back Total Depth MD 16960 TVD\*\* 6938

Elevations GR 4786 KB 4811 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
CBL, MUDLOG, 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	1,556	565	0	1,556	VISU
1ST	7+7/8	5+1/2	20	0	16,960	2,025	105	16,960	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	3,622		NO	NO	
SUSSEX	4,178		NO	NO	
SHANNON	4,731		NO	NO	
SHARON SPRINGS	7,161		NO	NO	
NIOBRARA	7,226		NO	NO	

Comment:

The Combination OHL was run on Winder South 11 (05-123-43548-00) 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 ?	
<b>Attachment Checklist</b>			
401166917	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401166923	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"/>
<b>Other Attachments</b>			
401166892	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401166908	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401166911	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401166912	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401166914	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401166922	DIRECTIONAL DATA	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)