

DRILLING COMPLETION REPORT

Document Number:
401194421

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 05-123-40422-00 County: WELD
 Well Name: Breniman Well Number: 3
 Location: QtrQtr: NENW Section: 16 Township: 6N Range: 67W Meridian: 6
 Footage at surface: Distance: 508 feet Direction: FNL Distance: 2113 feet Direction: FWL
 As Drilled Latitude: 40.492715 As Drilled Longitude: -104.900049

GPS Data:
 Date of Measurement: 08/19/2016 PDOP Reading: 1.4 GPS Instrument Operator's Name: Dominick Davis

** If directional footage at Top of Prod. Zone Dist.: 588 feet. Direction: FNL Dist.: 310 feet. Direction: FWL
 Sec: 17 Twp: 6N Rng: 67W
 ** If directional footage at Bottom Hole Dist.: 365 feet. Direction: FNL Dist.: 515 feet. Direction: FWL
 Sec: 18 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) 06/02/2016 Date TD: 06/24/2016 Date Casing Set or D&A: 06/30/2016
 Rig Release Date: 08/09/2016 Per Rule 308A.b.

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

Total Depth MD 17320 TVD** 6998 Plug Back Total Depth MD 17432 TVD** 6998
 Elevations GR 4796 KB 4821 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, MUD, MWD, (Triple Combo in API 05-123-40429-01)

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	1,534	550	0	1,534	VISU
1ST	7+7/8	5+1/2	20	0	17,306	2,275	650	17,306	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	3,565		NO	NO	
SUSSEX	4,389		NO	NO	
SHANNON	4,747		NO	NO	
SHARON SPRINGS	7,205		NO	NO	
NIOBRARA	7,243		NO	NO	
FORT HAYS	7,796		NO	NO	
CODELL	8,086		NO	NO	

Comment:

The TPZ footages are estimates calculated through Directional Plotting Software—from where the production string (5 ½" casing) crosses the 460' setback hardline.

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			
401194453	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401198073	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			
401194429	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401194431	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401194436	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401194439	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401194440	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401194456	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)