

**DRILLING COMPLETION REPORT**

Document Number:  
401194644

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 R Uder

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 05-123-40895-00 County: WELD

Well Name: Matrix Well Number: D-29HC

Location: QtrQtr: SESW Section: 29 Township: 6N Range: 65W Meridian: 6

Footage at surface: Distance: 453 feet Direction: FSL Distance: 2335 feet Direction: FWL

As Drilled Latitude: 40.452665 As Drilled Longitude: -104.688323

GPS Data:  
Date of Measurement: 01/27/2017 PDOP Reading: 1.6 GPS Instrument Operator's Name: Charles Scott

\*\* If directional footage at Top of Prod. Zone Dist.: 479 feet. Direction: FSL Dist.: 970 feet. Direction: FWL  
Sec: 29 Twp: 6N Rng: 65W

\*\* If directional footage at Bottom Hole Dist.: 539 feet. Direction: FNL Dist.: 980 feet. Direction: FWL  
Sec: 29 Twp: 6N Rng: 65W

Field Name: GREELEY Field Number: 32760

Federal, Indian or State Lease Number: \_\_\_\_\_

Spud Date: (when the 1st bit hit the dirt) 11/22/2016 Date TD: 01/05/2017 Date Casing Set or D&A: 01/06/2017

Rig Release Date: 01/24/2017 Per Rule 308A.b.

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

Total Depth MD 11760 TVD\*\* 7156 Plug Back Total Depth MD 11750 TVD\*\* 7156

Elevations GR 4707 KB 4767 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
CBL, MUD, MWD, (Triple Combo in API 123-25183)

**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	12+1/4	9+5/8	36	0	1,633	575	0	1,633	VISU
1ST	7+7/5	8+1/2	20	0	11,750	1,550	72	11,750	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	3,698		NO	NO	
SUSSEX	4,199		NO	NO	
SHANNON	5,111		NO	NO	
SHARON SPRINGS	6,795		NO	NO	
NIOBRARA	6,824		NO	NO	
FORT HAYS	7,102		NO	NO	
CODELL	7,134		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.  
An open hole logging exception was approved for this pad. The triple combo log was ran on Hester 31-23 (123-25183).

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>			
401237679	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401237790	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>			
401237612	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401237667	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401237669	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401237672	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401237797	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)