

**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.

Document Number:  
401211046

Date Received:

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 05-123-40693-01 County: WELD  
 Well Name: Matrix Well Number: G-29HN  
 Location: QtrQtr: SESW Section: 29 Township: 6N Range: 65W Meridian: 6  
 Footage at surface: Distance: 581 feet Direction: FSL Distance: 2302 feet Direction: FWL  
 As Drilled Latitude: 40.453024 As Drilled Longitude: -104.688447

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.: 333 feet. Direction: FSL Dist.: 1786 feet. Direction: FWL  
 Sec: 29 Twp: 6N Rng: 65W  
 \*\* If directional footage at Bottom Hole Dist.: 530 feet. Direction: FNL Dist.: 1756 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) 11/20/2016 Date TD: 01/23/2017 Date Casing Set or D&A: 01/24/2017  
 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 11770 TVD\*\* 6927 Plug Back Total Depth MD 11756 TVD\*\* 6927  
 Elevations GR 4708 KB 4738 **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	525	0	1,633	VISU
1ST	7+7/8	5+1/2	20	0	11,753	1,550	84	11,753	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	3,688		NO	NO	
SUSSEX	4,258		NO	NO	
SHANNON	5,101		NO	NO	
SHARON SPRINGS	6,803		NO	NO	
NIOBRARA	6,832		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: krunder@extractionog.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
401240467	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401240470	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>			
401240445	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401240454	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401240456	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401240459	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401240471	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)