

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:

401194653

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 05-123-40792-00

County: WELD

Well Name: Matrix

Well Number: S-29HC

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

Footage at surface: Distance: 479 feet Direction: FSL Distance: 2374 feet Direction: FWL

As Drilled Latitude: 40.452728 As Drilled Longitude: -104.688186

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.: 460 feet. Direction: FSL Dist.: 337 feet. Direction: FEL

Sec: 29 Twp: 6N Rng: 65W

** If directional footage at Bottom Hole Dist.: 512 feet. Direction: FNL Dist.: 299 feet. Direction: FEL

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) 11/10/2016 Date TD: 12/24/2016 Date Casing Set or D&A: 12/24/2016

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 12090 TVD** 7089 Plug Back Total Depth MD 12076 TVD** 7089

Elevations GR 4707 KB 4737

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	1,551	525	0	1,551	VISU
1ST	7+7/8	5+1/2	20	0	12,073	1,600	74	12,073	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	3,827		NO	NO	
SUSSEX	4,432		NO	NO	
SHANNON	5,393		NO	NO	
SHARON SPRINGS	6,779		NO	NO	
NIOBRARA	6,806		NO	NO	
FORT HAYS	7,070		NO	NO	
CODELL	7,097				

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 ?	
<u>Attachment Checklist</u>			
401240396	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401240398	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>			
401240363	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401240373	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401240376	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401240380	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401240400	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)