

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:

401194654

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 05-123-40696-00

County: WELD

Well Name: Matrix

Well Number: T-29HN

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

Footage at surface: Distance: 488 feet Direction: FSL Distance: 2387 feet Direction: FWL

As Drilled Latitude: 40.452747 As Drilled Longitude: -104.688142

GPS Data:

Date of Measurement: 01/27/2017 PDOP Reading: 1.2 GPS Instrument Operator's Name: Charles Scott

** If directional footage at Top of Prod. Zone Dist.: 460 feet. Direction: FSL Dist.: 198 feet. Direction: FEL

Sec: 29 Twp: 6N Rng: 65W

** If directional footage at Bottom Hole Dist.: 510 feet. Direction: FNL Dist.: 167 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) 11/09/2016 Date TD: 12/19/2016 Date Casing Set or D&A: 12/19/2016

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 12030 TVD** 6825 Plug Back Total Depth MD 12018 TVD** 6825

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	1,554	525	0	1,554	VISU
1ST	7+7/8	5+1/2	20	0	12,018	1,600	84	12,018	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	3,891		NO	NO	
SUSSEX	4,508		NO	NO	
SHANNON	5,483		NO	NO	
SHARON SPRINGS	6,760		NO	NO	
NIOBRARA	6,789		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 ?
<u>Attachment Checklist</u>		
401240404	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
401240409	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>		
401240413	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401240415	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401240421	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401240422	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401240423	PDF-MUD	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)