

DRILLING COMPLETION REPORT

Document Number:
401244055

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 05-123-40737-00 County: WELD
 Well Name: BURROUGHS SOUTH Well Number: 10
 Location: QtrQtr: SENE Section: 14 Township: 7N Range: 65W Meridian: 6
 Footage at surface: Distance: 2241 feet Direction: FNL Distance: 230 feet Direction: FEL
 As Drilled Latitude: 40.574343 As Drilled Longitude: -104.621097

GPS Data:
 Date of Measurement: 03/20/2017 PDOP Reading: 1.6 GPS Instrument Operator's Name: Dominick Davis

** If directional footage at Top of Prod. Zone Dist.: 2009 feet. Direction: FNL Dist.: 460 feet. Direction: FWL
 Sec: 14 Twp: 7N Rng: 65W
 ** If directional footage at Bottom Hole Dist.: 1980 feet. Direction: FNL Dist.: 460 feet. Direction: FWL
 Sec: 15 Twp: 7N Rng: 65W

Field Name: WATTENBERG Field Number: 90750
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 10/23/2016 Date TD: 01/30/2017 Date Casing Set or D&A: 01/31/2017
 Rig Release Date: 02/02/2017 Per Rule 308A.b.

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

Total Depth MD 17375 TVD** 7371 Plug Back Total Depth MD 17360 TVD** 7371
 Elevations GR 4944 KB 4972 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, MUD, MWD, TRIPLE COMBO

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	1,572	525	0	1,572	VISU
1ST	9+5/8	5+1/2	20	0	17,360	2,800	125	17,360	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	3,962		NO	NO	
SUSSEX	4,521		NO	NO	
SHANNON	5,276		NO	NO	
SHARON SPRINGS	7,017		NO	NO	
NIOBRARA	7,052		NO	NO	
FORT HAYS	7,473		NO	NO	
CODELL	7,578		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			
401244090	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401245547	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			
401244080	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401245437	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401245439	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401245550	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401246445	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401248227	PDF-GAMMA RAY	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)