

FORM 5A

Rev 06/12

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Date Received:

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 10459 4. Contact Name: Troy Owens
 2. Name of Operator: EXTRACTION OIL & GAS LLC Phone: (720) 557-8303
 3. Address: 370 17TH STREET SUITE 5300 Fax: _____
 City: DENVER State: CO Zip: 80202 Email: towens@extractionog.com

5. API Number 05-123-40697-00 6. County: WELD
 7. Well Name: Matrix Well Number: B-29HN
 8. Location: QtrQtr: SESW Section: 29 Township: 6N Range: 65W Meridian: 6
 9. Field Name: GREELEY Field Code: 32760

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/29/2017 End Date: 04/03/2017 Date of First Production this formation: 04/26/2017

Perforations Top: 7575 Bottom: 11743 No. Holes: 1009 Hole size: 11/25

Provide a brief summary of the formation treatment: Open Hole:

29 stage plug and perf;
76525 total bbls of fresh water and 15% HCl acid pumped;
5801078 total lbs of 40/70 proppant pumped

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 76525 Max pressure during treatment (psi): 9228

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.94

Total acid used in treatment (bbl): 202 Number of staged intervals: 29

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 651

Fresh water used in treatment (bbl): 76323 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 5801078 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/26/2017 Hours: 12 Bbl oil: 91 Mcf Gas: 251 Bbl H2O: 546

Calculated 24 hour rate: Bbl oil: 182 Mcf Gas: 502 Bbl H2O: 1092 GOR: 2758

Test Method: Measured Casing PSI: 1114 Tubing PSI: 1805 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1307 API Gravity Oil: 53

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: _____ ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Troy Owens

Title: Completions Engineer Date: _____ Email towens@extractionog.com

Attachment Check List

Att Doc Num **Name**

401277804	WELLBORE DIAGRAM
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Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)