

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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: 401306154 Date Received:				
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: <u>10459</u> 2. Name of Operator: <u>EXTRACTION OIL & GAS LLC</u> 3. Address: <u>370 17TH STREET SUITE 5300</u> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	4. Contact Name: <u>Troy Owens</u> Phone: <u>(720) 557-8303</u> Fax: _____ Email: <u>towens@extractionog.com</u>
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5. API Number <u>05-123-43405-00</u> 7. Well Name: <u>Winder South</u> 8. Location: QtrQtr: <u>SENE</u> Section: <u>9</u> Township: <u>6N</u> 9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	6. County: <u>WELD</u> Well Number: <u>8</u> Range: <u>67W</u> Meridian: <u>6</u>
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Completed Interval

FORMATION: <u>CODELL-FORT HAYS</u>	Status: <u>PRODUCING</u>	Treatment Type: <u>FRACTURE STIMULATION</u>
Treatment Date: <u>01/25/2017</u>	End Date: <u>02/06/2017</u>	Date of First Production this formation: <u>06/01/2017</u>
Perforations Top: <u>10982</u>	Bottom: <u>17192</u>	No. Holes: <u>1111</u> Hole size: <u>11/25</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>

32 stage plug and perf;
 162425 total bbls of fresh water and 15% HCl acid pumped;
 12801700 total lbs of 30/50 proppant pumped;

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): <u>162425</u>	Max pressure during treatment (psi): <u>9557</u>
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): <u>8.33</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.75</u>
Total acid used in treatment (bbl): <u>36</u>	Number of staged intervals: <u>32</u>
Recycled water used in treatment (bbl): _____	Flowback volume recovered (bbl): <u>9227</u>
Fresh water used in treatment (bbl): <u>162389</u>	Disposition method for flowback: <u>DISPOSAL</u>
Total proppant used (lbs): <u>12801700</u>	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: <u>06/01/2017</u>	Hours: <u>24</u>	Bbl oil: <u>486</u>	Mcf Gas: <u>481</u>	Bbl H2O: <u>758</u>
Calculated 24 hour rate:	Bbl oil: <u>486</u>	Mcf Gas: <u>481</u>	Bbl H2O: <u>758</u>	GOR: <u>990</u>
Test Method: <u>Measured</u>	Casing PSI: <u>2008</u>	Tubing PSI: <u>1484</u>	Choke Size: <u>11/25</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	Btu Gas: <u>1325</u>	API Gravity Oil: <u>43</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7411</u>	Tbg setting date: <u>05/28/2017</u>	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.

FORMATION: CODELL Status: COMMINGLED Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: _____

Perforations Top: 10982 Bottom: 17192 No. Holes: 1447 Hole size: 11/25

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

Producing intervals: 10982'-16302'; 16717'-17192'

This formation is commingled with another formation: Yes No

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

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

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

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

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

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

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

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____

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.

FORMATION: FORT HAYS Status: COMMINGLED Treatment Type: _____
 Treatment Date: _____ End Date: _____ Date of First Production this formation: _____
 Perforations Top: 16440 Bottom: 16680 No. Holes: 48 Hole size: 11/25
 Provide a brief summary of the formation treatment: _____ Open Hole:

Producing interval: 16440'-16680'

This formation is commingled with another formation: Yes No
 Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____
 Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____
 Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____
 Total acid used in treatment (bbl): _____ Number of staged intervals: _____
 Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
 Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____
 Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:
 Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
 Calculated 24 hour rate: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____
 Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
 Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____
 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
401306157	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)