

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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Document Number:

401334995

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

5. API Number 05-123-41710-00  
6. County: WELD  
7. Well Name: Carlson  
Well Number: B-15-16HC  
8. Location: QtrQtr: NENE Section: 15 Township: 5N Range: 65W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type:

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

Perforations Top: 7472 Bottom: 13056 No. Holes: 1008 Hole size: 11/25

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

Producing interval: 7472' - 13056'

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: NIOBRARA-CODELL   |                            | Status: PRODUCING   |   | Treatment Type: FRACTURE STIMULATION                 |  |
| Treatment Date: 03/27/2017   |                            | End Date: 04/05/2017  |   | Date of First Production this formation: 06/28/2017  |  |
| Perforations   | Top: 7473                  | Bottom: 14912   | No. Holes: 1333   | Hole size: 11/25                                     |  |
| Provide a brief summary of the formation treatment:  |                            |   | Open Hole: <input type="checkbox"/>                                 |  |  |
| 38 stage plug and perf;<br>124470 total bbls of fresh water and 15% HCl acid pumped;<br>7600660 total lbs of 30/50 proppant pumped |                            |   |   |  |  |
| This formation is commingled with another formation:   |                            |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |  |
| Total fluid used in treatment (bbl): 124470  |                            | Max pressure during treatment (psi): 8963   |   |  |  |
| 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): 0.95  |   |  |  |
| Total acid used in treatment (bbl): 47   |                            | Number of staged intervals: 38  |   |  |  |
| Recycled water used in treatment (bbl):  |                            | Flowback volume recovered (bbl): 119  |   |  |  |
| Fresh water used in treatment (bbl): 124423  |                            | Disposition method for flowback: DISPOSAL   |   |  |  |
| Total proppant used (lbs): 7600660   |                            | Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/> |   |  |  |
| Reason why green completion not utilized: _____  |                            |   |   |  |  |
| <b>Fracture stimulations must be reported on FracFocus.org</b>   |                            |   |   |  |  |
| <b><u>Test Information:</u></b>  |                            |   |   |  |  |
| Date: 06/28/2017   | Hours: 12                  | Bbl oil: 86   | Mcf Gas: 257  | Bbl H2O: 247   |  |
| Calculated 24 hour rate:   | Bbl oil: 172               | Mcf Gas: 514  | Bbl H2O: 494  | GOR: 2988  |  |
| Test Method: Measured  | Casing PSI: 1374           | Tubing PSI: 1801  | Choke Size: 14/64   |  |  |
| Gas Disposition: SOLD  | Gas Type: WET              | Btu Gas: 1274   | API Gravity Oil: 53   |  |  |
| Tubing Size: 2 + 3/8   | Tubing Setting Depth: 7371 | Tbg setting date: 06/11/2017  | Packer Depth: _____   |  |  |
| Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>                                 |                            |   |   |  |  |
| Date formation Abandoned: _____  |                            | Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No                       |   | If yes, number of sacks cmt _____                    |  |
| ** Bridge Plug Depth: _____  |                            | ** Sacks cement on top: _____   |   | ** Wireline and Cement Job Summary must be attached. |  |

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: \_\_\_\_\_  
Treatment Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Date of First Production this formation: \_\_\_\_\_  
Perforations Top: 13102 Bottom: 14912 No. Holes: 325 Hole size: 11/25  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

Producing interval: 13102' - 14912'

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**

401335016 WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

**User Group** **Comment**

**Comment Date**

|  |  |                     |
|--|--|---------------------|
|  |  | Stamp Upon Approval |
|--|--|---------------------|

Total: 0 comment(s)