

FORM
5ARev
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:

401335085

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 INC 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 05-123-41714-00 6. County: WELD
 7. Well Name: Carlson Well Number: D-15-16HN
 8. Location: QtrQtr: NENE Section: 15 Township: 5N Range: 65W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATIONTreatment Date: 04/22/2017 End Date: 05/10/2017 Date of First Production this formation: 06/29/2017Perforations Top: 7343 Bottom: 14695 No. Holes: 1765 Hole size: 11/25

Provide a brief summary of the formation treatment:

Open Hole: ☐

50 stage plug and perf;
 136004 total bbls of fresh water and 15% HCl acid pumped;
 9999850 total lbs of 30/50 proppant pumped

This formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 136004Max pressure during treatment (psi): 8600

Total gas used in treatment (mcf): _____

Fluid density at initial fracture (lbs/gal): 8.33

Type of gas used in treatment: _____

Min frac gradient (psi/ft): 0.92Total acid used in treatment (bbl): 872Number of staged intervals: 50

Recycled water used in treatment (bbl): _____

Flowback volume recovered (bbl): 2485Fresh water used in treatment (bbl): 135132Disposition method for flowback: DISPOSALTotal proppant used (lbs): 9999850Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 06/30/2017 Hours: 24 Bbl oil: 340 Mcf Gas: 1331 Bbl H2O: 452Calculated 24 hour rate: Bbl oil: 340 Mcf Gas: 1331 Bbl H2O: 452 GOR: 3915Test Method: Measured Casing PSI: 2815 Tubing PSI: 2126 Choke Size: 18/64Gas Disposition: SOLD Gas Type: WET Btu Gas: 1274 API Gravity Oil: 53Tubing Size: 2 + 3/8 Tubing Setting Depth: 7277 Tbg setting date: 06/21/2017 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:

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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
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Attachment Check List

Att Doc Num **Name**

401335100	WELLBORE DIAGRAM
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Total Attach: 1 Files

General Comments

User Group **Comment**

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)