

DRILLING COMPLETION REPORT

Document Number:
401345232

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 INC Phone: (720) 9747743
 Address: 370 17TH STREET SUITE 5300 Fax: _____
 City: DENVER State: CO Zip: 80202

API Number 05-123-43749-00 County: WELD
 Well Name: TC AIMS Well Number: 4-9-11
 Location: QtrQtr: SENE Section: 8 Township: 5N Range: 66W Meridian: 6
 Footage at surface: Distance: 2616 feet Direction: FSL Distance: 1190 feet Direction: FEL
 As Drilled Latitude: 40.414030 As Drilled Longitude: -104.798660

GPS Data:
 Date of Measurement: 06/14/2017 PDOP Reading: 2.2 GPS Instrument Operator's Name: Dominick Davis

** If directional footage at Top of Prod. Zone Dist.: 1972 feet. Direction: FSL Dist.: 460 feet. Direction: FWL
 Sec: 9 Twp: 5N Rng: 66W
 ** If directional footage at Bottom Hole Dist.: 1958 feet. Direction: FSL Dist.: 2445 feet. Direction: FWL
 Sec: 11 Twp: 5N Rng: 66W

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

Spud Date: (when the 1st bit hit the dirt) 02/22/2017 Date TD: 03/30/2017 Date Casing Set or D&A: 03/31/2017
 Rig Release Date: 06/12/2017 Per Rule 308A.b.

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

Total Depth MD 20196 TVD** 7149 Plug Back Total Depth MD 20163 TVD** 7149

Elevations GR 4790 KB 4815 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, MUD, MWD, (Triple Combo in API 123-43743)

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	1,574	550	0	1,574	VISU
1ST	7+7/8	5+1/2	20	0	20,163	3,250	202	20,163	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	3,752		NO	NO	
SUSSEX	4,290		NO	NO	
SHANNON	4,902		NO	NO	
SHARON SPRINGS	7,069		NO	NO	
NIOBRARA	7,124		NO	NO	

Comment:

The triple combo log was ran on TC Aims C4-9-11 (123-43743).

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			
401345255	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401345320	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			
401345235	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401345236	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401345238	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401345247	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401345314	DIRECTIONAL DATA	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)