

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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 INC Phone: (720) 557-8303
3. Address: 370 17TH STREET SUITE 5300 City: DENVER State: CO Zip: 80202 Fax: Email: towens@extractionog.com

5. API Number 05-123-43851-00 6. County: WELD
7. Well Name: Mickey Well Number: 4
8. Location: QtrQtr: SWNE Section: 5 Township: 6N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL-FORT HAYS Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/28/2017 End Date: 03/17/2017 Date of First Production this formation: 07/10/2017
Perforations Top: 7810 Bottom: 17714 No. Holes: 1765 Hole size: 11/25

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

50 stage plug and perf; 162647 total bbls of fresh water and 15% HCl acid pumped; 10000070 total lbs of 30/50 proppant pumped

This formation is commingled with another formation: [] Yes [X] No
Total fluid used in treatment (bbl): 162647 Max pressure during treatment (psi): 8705
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.32
Type of gas used in treatment: Min frac gradient (psi/ft): 0.94
Total acid used in treatment (bbl): 12 Number of staged intervals: 50
Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 9128
Fresh water used in treatment (bbl): 162635 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 10000070 Rule 805 green completion techniques were utilized: [X]
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 07/11/2017 Hours: 24 Bbl oil: 373 Mcf Gas: 403 Bbl H2O: 1025
Calculated 24 hour rate: Bbl oil: 373 Mcf Gas: 403 Bbl H2O: 1025 GOR: 1075
Test Method: Measured Casing PSI: 1409 Tubing PSI: 1824 Choke Size: 22/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1357 API Gravity Oil: 41
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7666 Tbg setting date: 06/30/2017 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.

FORMATION: CODELL Status: COMMINGLED Treatment Type: _____

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

Perforations Top: 7810 Bottom: 17714 No. Holes: 1693 Hole size: 11/25

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

Producing intervals: 7810'-16905'; 17300'-17714'

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: 16905 Bottom: 17300 No. Holes: 72 Hole size: 11/25

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

Producing interval: 16905'-17300'

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: Actual TPZ: 558 FNL, 2218 FEL

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete. Signed: Troy Owens Title: Completions Engineer Date: Email: towens@extractionog.com

Attachment Check List

Table with columns Att Doc Num and Name

Total Attach: 0 Files

General Comments

Table with columns User Group, Comment, Comment Date and Stamp Upon Approval

Total: 0 comment(s)