

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:

401411663

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 05-123-43926-00 6. County: WELD
 7. Well Name: Kiteley Well Number: 4
 8. Location: QtrQtr: NWSW Section: 21 Township: 3N Range: 68W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION
 Treatment Date: 05/30/2017 End Date: 06/07/2017 Date of First Production this formation: 08/06/2017
 Perforations Top: 7428 Bottom: 11653 No. Holes: 1009 Hole size: 11/25

Provide a brief summary of the formation treatment:

Open Hole: ☐

29 stage plug and perf;
 117295 total bbls of fresh/recycled water and 7.5% HCl acid pumped;
 11617560 lbs of 40/70 proppant pumped;

This formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 117295Max pressure during treatment (psi): 6965

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): 0.98Total acid used in treatment (bbl): 404Number of staged intervals: 29Recycled water used in treatment (bbl): 4687Flowback volume recovered (bbl): 1438Fresh water used in treatment (bbl): 112204Disposition method for flowback: DISPOSALTotal proppant used (lbs): 11617560Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 08/07/2017 Hours: 12 Bbl oil: 151 Mcf Gas: 227 Bbl H2O: 473
 Calculated 24 hour rate: Bbl oil: 302 Mcf Gas: 454 Bbl H2O: 946 GOR: 1503
 Test Method: Measured Casing PSI: 2138 Tubing PSI: 1481 Choke Size: 18/64
 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1276 API Gravity Oil: 45
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7406 Tbg setting date: 06/24/2017 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:

Actual TPZ footage: 1811 FSL, 490 FWL

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

401411672

WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Stamp Upon Approval

Total: 0 comment(s)