

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



DE	ET	OE	ES
----	----	----	----

Document Number: 401411706

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 05-123-43919-00 6. County: WELD
 7. Well Name: Kiteley Well Number: 7
 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: 05/21/2017 End Date: 05/29/2017 Date of First Production this formation: 08/09/2017

Perforations Top: 7345 Bottom: 11552 No. Holes: 1009 Hole size: 11/25

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

29 stage plug and perf;
226697 total bbls of fresh/recycled water and 7.5% HCl acid pumped;
11493590 total lbs of 40/70 proppant pumped

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 226697 Max pressure during treatment (psi): 8665

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): 0.98

Total acid used in treatment (bbl): 492 Number of staged intervals: 29

Recycled water used in treatment (bbl): 9071 Flowback volume recovered (bbl): 2925

Fresh water used in treatment (bbl): 217134 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 11493590 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 08/09/2017 Hours: 12 Bbl oil: 102 Mcf Gas: 193 Bbl H2O: 340

Calculated 24 hour rate: Bbl oil: 204 Mcf Gas: 386 Bbl H2O: 680 GOR: 1892

Test Method: Measured Casing PSI: 1960 Tubing PSI: 1614 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: 7334 Tbg setting date: 06/22/2017 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 Footages: 1107 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**

401411708	WELLBORE DIAGRAM
-----------	------------------

Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)