

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



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Document Number:

401464724

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  
2. Name of Operator: EXTRACTION OIL & GAS INC  
3. Address: 370 17TH STREET SUITE 5300  
City: DENVER State: CO Zip: 80202  
4. Contact Name: Troy Owens  
Phone: (720) 557-8303  
Fax:  
Email: towens@extractionog.com

5. API Number 05-123-43515-00  
6. County: WELD  
7. Well Name: TC HILAND KNOLLS  
Well Number: C6-9-11  
8. Location: QtrQtr: NESE Section: 8 Township: 5N Range: 66W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

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

Treatment Date: 07/14/2017 End Date: 08/26/2017 Date of First Production this formation: 10/13/2017

Perforations Top: 7893 Bottom: 20383 No. Holes: 2136 Hole size: 11/25

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

60 stage plug and perf;  
225890 total bbls of 15% HCl Acid and fresh water pumped;  
12601677 total lbs of 30/50 proppant pumped

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 225890 Max pressure during treatment (psi): 9453

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): 0.92

Total acid used in treatment (bbl): 12 Number of staged intervals: 60

Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 3661

Fresh water used in treatment (bbl): 225878 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 12601677 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 10/14/2017 Hours: 24 Bbl oil: 388 Mcf Gas: 1989 Bbl H2O: 685

Calculated 24 hour rate: Bbl oil: 388 Mcf Gas: 1989 Bbl H2O: 685 GOR: 5126

Test Method: Measured Casing PSI: 3473 Tubing PSI: 2808 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1297 API Gravity Oil: 51

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7728 Tbg setting date: 09/25/2017 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: 7893	Bottom: 20383	No. Holes: 1582	Hole size: 11/25	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Producing intervals: 7893'-9465'; 9943'-10240'; 10479'-12455'; 14025'-14925'; 15525'-20383'					
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/>			
Reason why green completion not utilized: _____					
<b>Fracture stimulations must be reported on FracFocus.org</b>					
<b><u>Test Information:</u></b>					
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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 9465 Bottom: 15525 No. Holes: 554 Hole size: 11/25  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

Producing intervals: 9465'-9943', 10240'-10479', 12455'-14025', 14925'-15525'

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: \_\_\_\_\_

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**

401464791 WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

**User Group** **Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)