

DRILLING COMPLETION REPORT

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.

Document Number:
401475265

Date Received:

Completion Type Final completion Preliminary completion

OGCC Operator Number: 10575 Contact Name: Kamrin Ruder

Name of Operator: 8 NORTH LLC Phone: (720) 9747743

Address: 370 17TH STREET SUITE 5300 Fax: _____

City: DENVER State: CO Zip: 80202

API Number 05-123-42282-00 County: WELD

Well Name: Silverback Well Number: 25N-20-3N

Location: QtrQtr: NENW Section: 36 Township: 12N Range: 62W Meridian: 6

Footage at surface: Distance: 300 feet Direction: FNL Distance: 1463 feet Direction: FWL

As Drilled Latitude: 40.972546 As Drilled Longitude: -104.272011

GPS Data:
Date of Measurement: 11/07/2017 PDOP Reading: 1.4 GPS Instrument Operator's Name: Aaron Rivera

** If directional footage at Top of Prod. Zone Dist.: 600 feet. Direction: FSL Dist.: 1270 feet. Direction: FWL
Sec: 36 Twp: 12N Rng: 62W

** If directional footage at Bottom Hole Dist.: 855 feet. Direction: FNL Dist.: 1397 feet. Direction: FWL
Sec: 24 Twp: 12N Rng: 62W

Field Name: DJ HORIZONTAL NIOBRARA Field Number: 16950

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 09/27/2017 Date TD: 10/02/2017 Date Casing Set or D&A: 10/04/2017

Rig Release Date: 10/04/2017 Per Rule 308A.b.

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

Total Depth MD 16460 TVD** 7087 Plug Back Total Depth MD 16452 TVD** 7087

Elevations GR 5281 KB 5306 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, MUD, MWD, (Triple Combo in API 123-42283)

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	1,585	600	0	1,585	VISU
1ST	8+1/2	5+1/2	20	0	16,452	2,225	220	16,452	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	3,098		NO	NO	
SUSSEX	4,154		NO	NO	
SHANNON	4,910		NO	NO	
SHARON SPRINGS	7,106		NO	NO	
NIOBRARA	7,157		NO	NO	

Comment:

The TPZ footages are estimates calculated through Directional Plotting Software—from where the production string (5 ½" casing) crosses the 460' setback hardline. The actual footages will be submitted with the Form 5A.

The triple combo log was ran on Silverback 1 (123-42283).

The LAS version of the CBL is uploaded to show the vertical portion of GR.

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			
401475451	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401475474	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			
401475433	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401475437	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401475444	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401475445	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401475446	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401475479	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)