

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:

401493297

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 05-123-43744-00
6. County: WELD
7. Well Name: TC AIMS
Well Number: C5-9-11
8. Location: QtrQtr: SENE Section: 8 Township: 5N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type:

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

Perforations Top: 7724 Bottom: 20213 No. Holes: 1497 Hole size: 11/25

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

Producing intervals: 7724'-9629'; 10426'-12207'; 14066'-17929'; 18896'-20213'

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: 9629	Bottom: 18896	No. Holes: 402	Hole size: 11/25	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Producing intervals: 9629'-10426'; 13465'-14066'; 17929'-18896'					
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: _____					
Fracture stimulations must be reported on FracFocus.org					
<u>Test Information:</u>					
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: NIOBRARA-FT HAYS-CODELL		Status: PRODUCING		Treatment Type: FRACTURE STIMULATION	
Treatment Date: 07/10/2017		End Date: 08/26/2017		Date of First Production this formation: 12/09/2017	
Perforations Top: 7724		Bottom: 20213		No. Holes: 2129 Hole size: 11/25	
Provide a brief summary of the formation treatment:				Open Hole: <input type="checkbox"/>	
60 stage plug and perf; 250665 bbls of fresh water and 15% HCl acid pumped; 12598610 lbs of 30/50 proppant pumped					
This formation is commingled with another formation:				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Total fluid used in treatment (bbl): 250665		Max pressure during treatment (psi): 8741			
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): 78		Number of staged intervals: 60			
Recycled water used in treatment (bbl):		Flowback volume recovered (bbl): 2679			
Fresh water used in treatment (bbl): 250587		Disposition method for flowback: DISPOSAL			
Total proppant used (lbs): 12598610		Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>			
Reason why green completion not utilized: _____					
Fracture stimulations must be reported on FracFocus.org					
<u>Test Information:</u>					
Date: 12/06/2017	Hours: 24	Bbl oil: 418	Mcf Gas: 1771	Bbl H2O: 393	
Calculated 24 hour rate:	Bbl oil: 418	Mcf Gas: 1771	Bbl H2O: 393	GOR: 4236	
Test Method: Measured	Casing PSI: 2997	Tubing PSI: 2450	Choke Size: 18/64		
Gas Disposition: SOLD	Gas Type: WET	Btu Gas: 1292	API Gravity Oil: 51		
Tubing Size: 2 + 3/8	Tubing Setting Depth: 7712	Tbg setting date: 09/30/2017	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: NIOBRARA Status: COMMINGLED Treatment Type: _____
Treatment Date: _____ End Date: _____ Date of First Production this formation: _____
Perforations Top: 12207 Bottom: 13465 No. Holes: 232 Hole size: 11/25
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Producing interval: 12207'-13465'

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: 2155 FSL; 519 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**

401493315 WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group **Comment**

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)