

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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: 401500506 Date Received:				
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: <u>10459</u> 2. Name of Operator: <u>EXTRACTION OIL & GAS INC</u> 3. Address: <u>370 17TH STREET SUITE 5300</u> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	4. Contact Name: <u>Troy Owens</u> Phone: <u>(720) 557-8303</u> Fax: _____ Email: <u>towens@extractionog.com</u>
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5. API Number <u>05-123-44774-00</u> 7. Well Name: <u>HFE</u> 8. Location: QtrQtr: <u>SWSW</u> Section: <u>22</u> Township: <u>4N</u> 9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	6. County: <u>WELD</u> Well Number: <u>4</u> Range: <u>68W</u> Meridian: <u>6</u>
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Completed Interval

FORMATION: <u>NIOBRARA</u>	Status: <u>PRODUCING</u>	Treatment Type: <u>FRACTURE STIMULATION</u>
Treatment Date: <u>10/02/2017</u>	End Date: <u>10/07/2017</u>	Date of First Production this formation: <u>12/01/2017</u>
Perforations Top: <u>7466</u>	Bottom: <u>11704</u>	No. Holes: <u>757</u> Hole size: <u>11/25</u>

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

22 stage plug and perf;
 116253 total bbls of fresh water and 15% HCl acid pumped;
 4355360 total lbs of 30/50 and 40/70 proppant pumped;

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): <u>116253</u>	Max pressure during treatment (psi): <u>8573</u>
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): <u>8.33</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.94</u>
Total acid used in treatment (bbl): <u>263</u>	Number of staged intervals: <u>22</u>
Recycled water used in treatment (bbl): _____	Flowback volume recovered (bbl): <u>9131</u>
Fresh water used in treatment (bbl): <u>115990</u>	Disposition method for flowback: <u>DISPOSAL</u>
Total proppant used (lbs): <u>4355360</u>	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

Test Information:

Date: <u>11/29/2017</u>	Hours: <u>24</u>	Bbl oil: <u>479</u>	Mcf Gas: <u>387</u>	Bbl H2O: <u>1030</u>
Calculated 24 hour rate:	Bbl oil: <u>479</u>	Mcf Gas: <u>387</u>	Bbl H2O: <u>1030</u>	GOR: <u>808</u>
Test Method: <u>Measured</u>	Casing PSI: <u>1000</u>	Tubing PSI: <u>1375</u>	Choke Size: <u>18/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	Btu Gas: <u>1281</u>	API Gravity Oil: <u>45</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7319</u>	Tbg setting date: <u>11/22/2017</u>	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: 606 FSL, 514 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**

401500516	WELLBORE DIAGRAM
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Total Attach: 1 Files

General Comments

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

		Stamp Upon Approval
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Total: 0 comment(s)