

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:

401502471

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 05-123-45050-00
6. County: WELD
7. Well Name: Leonard
Well Number: 10N
8. Location: QtrQtr: NWSW Section: 21 Township: 2N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/13/2017 End Date: 10/17/2017 Date of First Production this formation: 12/02/2017

Perforations Top: 7870 Bottom: 12056 No. Holes: 757 Hole size: 11/25

Provide a brief summary of the formation treatment:

Open Hole: ☐

22 stage plug and perf;
99698 bbls of fresh water and 15% HCl acid;
5720330 lbs of 40/70 and 30/50 proppant pumped;

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

Total fluid used in treatment (bbl): 99698

Max pressure during treatment (psi): 8278

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): 0.89

Total acid used in treatment (bbl): 262

Number of staged intervals: 22

Recycled water used in treatment (bbl): _____

Flowback volume recovered (bbl): 6774

Fresh water used in treatment (bbl): 99436

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 5720330

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 12/25/2017 Hours: 24 Bbl oil: 350 Mcf Gas: 639 Bbl H2O: 449

Calculated 24 hour rate: Bbl oil: 350 Mcf Gas: 639 Bbl H2O: 449 GOR: 1826

Test Method: Measured Casing PSI: 2041 Tubing PSI: 1482 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1335 API Gravity Oil: 47

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7836 Tbg setting date: 11/16/2017 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: 376 FSL; 498 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

401502518

WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Stamp Upon
Approval

Total: 0 comment(s)