

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

5. API Number 05-123-44439-00 6. County: WELD
 7. Well Name: RBF Well Number: 5
 8. Location: QtrQtr: SENE Section: 22 Township: 6N Range: 67W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

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

Treatment Date: 08/15/2017 End Date: 08/24/2017 Date of First Production this formation: 12/30/2017

Perforations Top: 7616 Bottom: 16936 No. Holes: 1693 Hole size: 11/25

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

48 stage plug and perf;
223110 bbls of fresh water and 15% HCl acid pumped;
19193650 lbs of 30/50 and 40/70 proppant pumped;

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 223110 Max pressure during treatment (psi): 9412

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.32

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.88

Total acid used in treatment (bbl): 24 Number of staged intervals: 48

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 12462

Fresh water used in treatment (bbl): 223086 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 19193650 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 12/05/2017 Hours: 24 Bbl oil: 196 Mcf Gas: 255 Bbl H2O: 743

Calculated 24 hour rate: Bbl oil: 196 Mcf Gas: 255 Bbl H2O: 743 GOR: 1301

Test Method: Measured Casing PSI: 750 Tubing PSI: 1232 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1285 API Gravity Oil: 43

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7516 Tbg setting date: 11/19/2017 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: 7616 Bottom: 16936 No. Holes: 1285 Hole size: 11/25

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

Producing interval: 7616'-10170'; 10820'-11700'; 13303'-16936'

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: 10170 Bottom: 13303 No. Holes: 294 Hole size: 11/25
 Provide a brief summary of the formation treatment: _____ Open Hole:

Producing interval: 10170'-10820'; 11700'-13303'

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: 994' FNL; 518' FEL

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
401503019	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)