

FORM
5Rev
09/14

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

401522274

Date Received:

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.

Completion Type ☒ Final completion ☐ Preliminary completion

OGCC Operator Number: 10459

Contact Name: Kamrin Ruder

Name of Operator: EXTRACTION OIL & GAS INC

Phone: (720) 9747743

Address: 370 17TH STREET SUITE 5300

Fax:

City: DENVER

State: CO

Zip: 80202

API Number 05-001-10027-00

County: ADAMS

Well Name: ALMA 1S-66-2524

Well Number: 20CDH

Location: QtrQtr: SWSE Section: 25 Township: 1S Range: 66W Meridian: 6

Footage at surface: Distance: 237 feet Direction: FSL Distance: 2038 feet Direction: FEL

As Drilled Latitude: 39.929499 As Drilled Longitude: -104.721848

GPS Data:

Date of Measurement: 12/11/2017 PDOP Reading: 1.5 GPS Instrument Operator's Name: JON ANDERSON

** If directional footage at Top of Prod. Zone Dist.: 70 feet. Direction: FSL Dist.: 7 feet. Direction: FWL

Sec: 25 Twp: 1S Rng: 66W

** If directional footage at Bottom Hole Dist.: 2109 feet. Direction: FSL Dist.: 1 feet. Direction: FWL

Sec: 24 Twp: 1S Rng: 66W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 11/12/2017 Date TD: 11/21/2017 Date Casing Set or D&A: 11/23/2017

Rig Release Date: 11/23/2017 Per Rule 308A.b.

Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 16203 TVD** 7738 Plug Back Total Depth MD 16175 TVD** 7738

Elevations GR 5177 KB 5205

Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

MUD, TRIPLE COMBO, MWD, CBL

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	1,662	525	0	1,662	VISU
1ST	8+1/2	5+1/2	20	0	16,175	2,600	132	16,175	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	3,840		NO	NO	
SUSSEX	4,605		NO	NO	
SHANNON	5,740		NO	NO	
CODELL	7,741		NO	NO	
SHARON SPRINGS	8,237		NO	NO	
NIOBRARA	8,281		NO	NO	
FORT HAYS	8,764		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 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 ?
<u>Attachment Checklist</u>		
401522330	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
401522337	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"/>
<u>Other Attachments</u>		
401522290	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401522316	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401522321	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401522322	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401522326	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401522328	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401522343	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401523461	LAS-TRIPLE COMBINATION	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)