

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:

401503028

Date Received:

01/04/2018

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 05-123-44440-00
6. County: WELD
7. Well Name: RBF
Well Number: 8
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: 12/15/2017
Perforations Top: 7562 Bottom: 16473 No. Holes: 1621 Hole size: 11/25

Provide a brief summary of the formation treatment:

Open Hole: ☐

46 stage plug and perf;
141664 total bbls of fluid pumped: 141652 bbls fresh water and 12 bbls 15% HCL acid pumped;
9200250 lbs of 30/50 proppant pumped.

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

Total fluid used in treatment (bbl): 141664

Max pressure during treatment (psi): 9044

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): 0.95

Total acid used in treatment (bbl): 12

Number of staged intervals: 46

Recycled water used in treatment (bbl):

Flowback volume recovered (bbl): 20715

Fresh water used in treatment (bbl): 141652

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 9200250

Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 11/23/2017 Hours: 24 Bbl oil: 146 Mcf Gas: 157 Bbl H2O: 923
Calculated 24 hour rate: Bbl oil: 146 Mcf Gas: 157 Bbl H2O: 923 GOR: 1075
Test Method: Measured Casing PSI: 960 Tubing PSI: 1198 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: 7466 Tbg setting date: 10/28/2017 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: 7562	Bottom: 16473	No. Holes: 1435	Hole size: 11/25	

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

Producing intervals: 7562'-9714'; 10759'-16473'

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: <input type="checkbox"/>

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: 9714 Bottom: 10759 No. Holes: 186 Hole size: 11/25
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Producing interval: 9714'-10759'

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: 1638' FNL; 521' 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: 1/4/2018 Email: towens@extractionog.com

Attachment Check List

Att Doc Num	Name
401503028	FORM 5A SUBMITTED
401503073	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date
Permit	• Missing "Date of First Production"; entered as 12/15/2017, per operator. • Form 7's ok.	02/15/2018

Total: 1 comment(s)