

FORM
5ARev
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:

400970964

Date Received:

02/01/2016

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 05-123-41432-00 6. County: WELD
 7. Well Name: Troudt Well Number: 2
 8. Location: QtrQtr: SESE Section: 32 Township: 2N Range: 67W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATIONTreatment Date: 10/19/2015 End Date: 10/30/2015 Date of First Production this formation: 01/25/2016Perforations Top: 8128 Bottom: 18083 No. Holes: 1119 Hole size: 11/25

Provide a brief summary of the formation treatment:

Open Hole: ☐

39 cemented sleeve half stages, 30 plug and perf stages;
 118966 total bbls fluid pumped: 118966 bbls fresh water;
 10017858 lbs of 40/70 proppant pumped.

This formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 118966Max pressure during treatment (psi): 8734

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): 0.88

Total acid used in treatment (bbl): _____

Number of staged intervals: 69

Recycled water used in treatment (bbl): _____

Flowback volume recovered (bbl): 364Fresh water used in treatment (bbl): 118966Disposition method for flowback: RECYCLETotal proppant used (lbs): 10017858Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/27/2016 Hours: 24 Bbl oil: 767 Mcf Gas: 1265 Bbl H2O: 203Calculated 24 hour rate: Bbl oil: 767 Mcf Gas: 1265 Bbl H2O: 203 GOR: 1649Test Method: Measured Casing PSI: 2027 Tubing PSI: 2249 Choke Size: 18/64Gas Disposition: SOLD Gas Type: WET Btu Gas: 1120 API Gravity Oil: 51Tubing Size: 2 + 3/8 Tubing Setting Depth: 7735 Tbg setting date: 11/24/2015 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:

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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: Engineer Date: 2/1/2016 Email : towens@extractionog.com

Attachment Check List

Att Doc Num **Name**

400970964	FORM 5A SUBMITTED
400970971	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Permit	• Form 7's ok.	03/06/2018
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Total: 1 comment(s)