

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:

401027786

Date Received:

04/14/2016

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 05-123-41037-00 6. County: WELD
 7. Well Name: DT-Martinez Well Number: 2-5-6
 8. Location: QtrQtr: NWNE Section: 5 Township: 5N Range: 65W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATIONTreatment Date: 01/25/2016 End Date: 02/04/2016 Date of First Production this formation: 03/03/2016Perforations Top: 7959 Bottom: 14512 No. Holes: 1728 Hole size: 11/25

Provide a brief summary of the formation treatment:

Open Hole: ☐

48 stage plug and perf;
 121021 total bbls fluid pumped: 583 bbls acid, 7758 bbls recycled water, 112680 bbls fresh water;
 9605338 lbs of 40/70 proppant pumped.

This formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 121021Max pressure during treatment (psi): 9682

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): 1.00Total acid used in treatment (bbl): 583Number of staged intervals: 48Recycled water used in treatment (bbl): 7758Flowback volume recovered (bbl): 2294Fresh water used in treatment (bbl): 112680Disposition method for flowback: RECYCLETotal proppant used (lbs): 9605338Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/04/2016 Hours: 6 Bbl oil: 117 Mcf Gas: 370 Bbl H2O: 116Calculated 24 hour rate: Bbl oil: 468 Mcf Gas: 1480 Bbl H2O: 464 GOR: 3162Test Method: Measured Casing PSI: 1550 Tubing PSI: 2600 Choke Size: 18/64Gas Disposition: SOLD Gas Type: WET Btu Gas: 1276 API Gravity Oil: 52Tubing Size: 2 + 3/8 Tubing Setting Depth: 7297 Tbg setting date: 03/06/2016 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: 4/14/2016 Email : towens@extractionog.com

Attachment Check List

Att Doc Num **Name**

401027786	FORM 5A SUBMITTED
401027798	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Permit	• Form 7's ok.	03/13/2018
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Total: 1 comment(s)