

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.

Document Number:
401572549

Date Received:

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 05-123-45731-01 County: WELD

Well Name: Trott Well Number: 8E-10-7C

Location: QtrQtr: NESE Section: 7 Township: 4N Range: 68W Meridian: 6

Footage at surface: Distance: 1551 feet Direction: FSL Distance: 1146 feet Direction: FEL

As Drilled Latitude: 40.324432 As Drilled Longitude: -105.041008

GPS Data:
Date of Measurement: 01/22/2018 PDOP Reading: 1.5 GPS Instrument Operator's Name: Danny Tucker

** If directional footage at Top of Prod. Zone Dist.: 2185 feet. Direction: FSL Dist.: 75 feet. Direction: FWL
Sec: 8 Twp: 4N Rng: 68W

** If directional footage at Bottom Hole Dist.: 2191 feet. Direction: FSL Dist.: 518 feet. Direction: FEL
Sec: 8 Twp: 4N Rng: 68W

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 12/06/2017 Date TD: 01/04/2018 Date Casing Set or D&A: 01/05/2018

Rig Release Date: 01/18/2018 Per Rule 308A.b.

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 10727 TVD** 6429 Plug Back Total Depth MD 10710 TVD** 6429

Elevations GR 5035 KB 5060 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, MUD, MWD, (Triple Combo in API 123-45731)

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	100	100	0	100	VISU
SURF	12+1/4	9+5/8	36	0	1,533	525	0	1,533	VISU
1ST	8+1/2	5+1/2	20	0	10,710	1,795	116	10,710	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	1,594		NO	NO	
SUSSEX	2,140		NO	NO	
SHANNON	2,654		NO	NO	
SHARON SPRINGS	5,273		NO	NO	
NIOBRARA	5,328		NO	NO	
FORT HAYS	5,837		NO	NO	
CODELL	6,007		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 triple combo log was ran on Trott 8E-10-7C (123-45731)

Additional Formation Information:
Ft Hayes 9857-10434

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 ?	
Attachment Checklist			
401573288	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401573285	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"/>
Other Attachments			
401573280	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401573283	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401575311	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401575315	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401575316	PDF-GAMMA RAY	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)