

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:

401597728

Date Received:

04/05/2018

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: Mike Khachatryan
Phone: (720) 9747774
Fax:
Email: mkhachatryan@extractionog.com

5. API Number 05-069-06490-00
6. County: LARIMER
7. Well Name: McGirr
Well Number: 6C
8. Location: QtrQtr: NESE Section: 26 Township: 5N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL-FORT HAYS Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 11/21/2017 End Date: 12/08/2017 Date of First Production this formation: 03/17/2018
Perforations Top: 7503 Bottom: 16944 No. Holes: 1693 Hole size: 11/25

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac'ed w/ 48 stage plug & perf.
201447 total bbls fluid pumped: 201429 bbls fresh water, 18 bbls 15% HCl acid.
14400020 total lbs 30/50 sand proppant pumped.

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

Total fluid used in treatment (bbl): 201447

Max pressure during treatment (psi): 8433

Total gas used in treatment (mcf):

Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment:

Min frac gradient (psi/ft): 0.86

Total acid used in treatment (bbl): 18

Number of staged intervals: 48

Recycled water used in treatment (bbl):

Flowback volume recovered (bbl): 740

Fresh water used in treatment (bbl): 201429

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 14400020

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 03/17/2018 Hours: 23 Bbl oil: 400 Mcf Gas: 286 Bbl H2O: 740
Calculated 24 hour rate: Bbl oil: 416 Mcf Gas: 297 Bbl H2O: 770 GOR: 715
Test Method: Measured Casing PSI: 1269 Tubing PSI: 1791 Choke Size: 18/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1350 API Gravity Oil: 43
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7375 Tbg setting date: 03/06/2018 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: 7503	Bottom: 16944	No. Holes: 1363	Hole size: 11/25	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Producing Intervals: 7503'-12730'; 14564'-16944'					
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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					
<u>Test Information:</u>					
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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 12730 Bottom: 14564 No. Holes: 330 Hole size: 11/25
 Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Producing Interval: 12730'-14564'

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: 1499' FSL; 493' FEL

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Mike Khachatryan
 Title: Completions Engineer Date: 4/5/2018 Email: mkhachatryan@extractionog.com

Attachment Check List

Att Doc Num	Name
401597728	FORM 5A SUBMITTED
401597763	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date
Permit	<ul style="list-style-type: none"> "Total fluid used in treatment" corrected from 201429 bbls to 201447 bbls to include 18 bbls acid. Form 7's ok. 	04/13/2018

Total: 1 comment(s)