

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



Table with columns DE, ET, OE, ES

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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 05-123-43404-00 6. County: WELD 7. Well Name: Winder South Well Number: 2 8. Location: QtrQtr: SENE Section: 9 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: 02/11/2017 End Date: 02/22/2017 Date of First Production this formation: 04/30/2017 Perforations Top: 7604 Bottom: 17003 No. Holes: 1693 Hole size: 11/25

Provide a brief summary of the formation treatment:

Open Hole: []

48 stage plug and perf; 158136 total bbls fluid pumped: 158124 bbls fresh water and 12 bbls 7.5% HCl acid; 9600130 total lbs of 30/50 proppant pumped.

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): 158136 Max pressure during treatment (psi): 8972 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): 1.03 Total acid used in treatment (bbl): 12 Number of staged intervals: 48 Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 23760 Fresh water used in treatment (bbl): 158124 Disposition method for flowback: DISPOSAL Total proppant used (lbs): 9600130 Rule 805 green completion techniques were utilized: [X]

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/02/2017 Hours: 24 Bbl oil: 629 Mcf Gas: 631 Bbl H2O: 1041 Calculated 24 hour rate: Bbl oil: 629 Mcf Gas: 631 Bbl H2O: 1041 GOR: 1003 Test Method: Measured Casing PSI: 2600 Tubing PSI: 2400 Choke Size: 18/64 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1325 API Gravity Oil: 43 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7491 Tbg setting date: 04/21/2017 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: 7604 Bottom: 17003 No. Holes: 1483 Hole size: 11/25

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

Producing intervals: 7604'-7919'; 8807'-10562'; 10684'-12360'; 12645'-17003'

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.

FORMATION: FORT HAYS Status: COMMINGLED Treatment Type:

Treatment Date: End Date: Date of First Production this formation:

Perforations Top: 7919 Bottom: 12612 No. Holes: 210 Hole size: 11/25

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

Producing intervals: 7919'-8760'; 10608'-10647'; 12411'-12612'.

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:

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: 6/12/2017 Email: towens@extractionog.com

Attachment Check List

Table with 2 columns: Att Doc Num, Name. Rows: 401305998 FORM 5A SUBMITTED, 401306003 WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

Table with 3 columns: User Group, Comment, Comment Date. Row: Permit, Form 7's ok., 06/15/2018

Total: 1 comment(s)