

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:

401306008

Date Received:

06/12/2017

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 05-123-43408-00 6. County: WELD
 7. Well Name: Winder South Well Number: 3
 8. Location: QtrQtr: SENE Section: 9 Township: 6N Range: 67W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION
 Treatment Date: 02/11/2017 End Date: 03/25/2017 Date of First Production this formation: 05/12/2017
 Perforations Top: 7486 Bottom: 16911 No. Holes: 1548 Hole size: 11/25

Provide a brief summary of the formation treatment:

Open Hole: ☐

44 stage plug and perf; casing failure after first 5 stages; ran in with patch before finishing the completion;
 204258 total bbls fluid pumped: 203930 bbls fresh water and 328 bbls 7.5% HCl acid;
 23071780 total lbs 40/70 proppant pumped.

This formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 204258Max pressure during treatment (psi): 8352

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): 1.03Total acid used in treatment (bbl): 328Number of staged intervals: 44

Recycled water used in treatment (bbl): _____

Flowback volume recovered (bbl): 41507Fresh water used in treatment (bbl): 203930Disposition method for flowback: DISPOSALTotal proppant used (lbs): 23071780Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/13/2017 Hours: 24 Bbl oil: 389 Mcf Gas: 261 Bbl H2O: 1670
 Calculated 24 hour rate: Bbl oil: 389 Mcf Gas: 261 Bbl H2O: 1670 GOR: 671
 Test Method: Measured Casing PSI: 1091 Tubing PSI: 1354 Choke Size: 22/64
 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1325 API Gravity Oil: 43
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7410 Tbg setting date: 04/18/2017 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.

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: Completions Engineer Date: 6/12/2017 Email: towens@extractionog.com
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Attachment Check List

Att Doc Num **Name**

401306008	FORM 5A SUBMITTED
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Total Attach: 1 Files

General Comments

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

Permit	• Form 7's ok.	06/15/2018
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Total: 1 comment(s)