

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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Date Received:

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: Elaine Winick
 2. Name of Operator: EXTRACTION OIL & GAS INC Phone: (970) 576-3461
 3. Address: 370 17TH STREET SUITE 5300 Fax: (970) 534-6001
 City: DENVER State: CO Zip: 80202 Email: ewinick@extractionog.com

5. API Number 05-123-45994-00 6. County: WELD
 7. Well Name: Coyote Trails Well Number: 34S-20-10N
 8. Location: QtrQtr: SWSE Section: 28 Township: 1N Range: 68W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/12/2018 End Date: 05/22/2018 Date of First Production this formation: 08/21/2018

Perforations Top: 8767 Bottom: 18281 No. Holes: 1537 Hole size: 42/100

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

Frac'd Niobrara with 49 stage plug and perf:
9,800,324 total pounds proppant pumped: 4,900,300# 40/70 mesh; 4,900,024# 30/50 mesh.
16,704 total bbls fluid pumped: 16,161 bbls fresh water, 543 bbls 15% HCL Acid.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 16704 Max pressure during treatment (psi): 8243

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): 0.84

Total acid used in treatment (bbl): 543 Number of staged intervals: 49

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 11027

Fresh water used in treatment (bbl): 16161 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 9800324 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 09/06/2018 Hours: 24 Bbl oil: 689 Mcf Gas: 1783 Bbl H2O: 506

Calculated 24 hour rate: Bbl oil: 689 Mcf Gas: 1783 Bbl H2O: 506 GOR: 2588

Test Method: flowing Casing PSI: 2261 Tubing PSI: 1833 Choke Size: 22/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1200 API Gravity Oil: 50

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8706 Tbg setting date: 07/09/2018 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.

Comment:

TPZ: 525 FNL & 212 FWL

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

Signed: _____ Print Name: Elaine Winick

Title: Completions Tech Date: _____ Email ewinick@extractionog.com

Attachment Check List

Att Doc Num **Name**

401772071	WELLBORE DIAGRAM
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Total Attach: 1 Files

General Comments

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

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)