

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:

401681520

Date Received:

09/07/2018

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: Elaine Winick
Phone: (970) 576-3461
Fax: (970) 534-6001
Email: ewinick@extractionog.com

5. API Number 05-123-42915-00
6. County: WELD
7. Well Name: CS-KINKADE
Well Number: C6-1-13
8. Location: QtrQtr: SWSE Section: 36 Township: 6N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL-FORT HAYS Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 01/17/2018 End Date: 01/30/2018 Date of First Production this formation: 08/10/2018

Perforations Top: 7483 Bottom: 20327 No. Holes: 2267 Hole size: 42/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac'd Codell-Fort Hays with 65 stage plug and perf;
13000290 total lbs proppant pumped: 30/50 mesh sand;
22123 total bbls fluid pumped: 22112 bbls fresh water and 11 bbls 15% HCL acid.

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

Total fluid used in treatment (bbl): 22123

Max pressure during treatment (psi): 9378

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): 0.93

Total acid used in treatment (bbl): 11

Number of staged intervals: 65

Recycled water used in treatment (bbl):

Flowback volume recovered (bbl): 14259

Fresh water used in treatment (bbl): 22112

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 13000290

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 08/27/2018 Hours: 24 Bbl oil: 410 Mcf Gas: 2345 Bbl H2O: 114

Calculated 24 hour rate: Bbl oil: 410 Mcf Gas: 2345 Bbl H2O: 114 GOR: 5720

Test Method: flowing Casing PSI: 3145 Tubing PSI: 2917 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1300 API Gravity Oil: 40

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7427 Tbg setting date: 04/17/2018 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: FRACTURE STIMULATION

Treatment Date: 01/17/2018 End Date: 01/30/2018 Date of First Production this formation: 08/10/2018

Perforations Top: 7483 Bottom: 20327 No. Holes: 1841 Hole size: 42/100

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

Producing Intervals: 7483'-9614'; 10210'-13393'; 13963'-16862'; 17006'-17775'; 18710'-19411'; 19717'-20327'.

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: FRACTURE STIMULATION

Treatment Date: 01/17/2018 End Date: 01/30/2018 Date of First Production this formation: 08/10/2018

Perforations Top: 9642 Bottom: 19671 No. Holes: 426 Hole size: 42/100

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

Producing Intervals: 9642'-10184'; 13424'-13931'; 16909'-16972'; 17805'-18666'; 19441'-19671'.

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:

TPZ 495 FNL & 1836 FEL

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: 9/7/2018 Email: ewinick@extractionog.com

Attachment Check List

Att Doc Num	Name
401681520	FORM 5A SUBMITTED
401756812	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)