

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 401662912 Date Received: 06/05/2018

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: Elaine Winick Phone: (970) 534-6024 Fax: Email: ewinick@extractionog.com

5. API Number 05-123-45667-00 6. County: WELD 7. Well Name: Jesser Well Number: 3E-10-14C 8. Location: QtrQtr: NWSW Section: 3 Township: 4N 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: 02/15/2018 End Date: 02/23/2018 Date of First Production this formation: 03/27/2018 Perforations Top: 7821 Bottom: 12120 No. Holes: 744 Hole size: 0.42

Provide a brief summary of the formation treatment: Open Hole: [] 22-stage completion; 5076 total bbls fluid pumped: 5064 bbls treated water and 12 bbls 15% HCL acid; 6604890 total lbs proppant pumped: 30/50 sand.

This formation is commingled with another formation: [] Yes [X] No Total fluid used in treatment (bbl): 5076 Max pressure during treatment (psi): 8305 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): 0.89 Total acid used in treatment (bbl): 12 Number of staged intervals: 22 Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 4802 Fresh water used in treatment (bbl): 5064 Disposition method for flowback: DISPOSAL Total proppant used (lbs): 6604890 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: 04/14/2018 Hours: 24 Bbl oil: 303 Mcf Gas: 495 Bbl H2O: 447 Calculated 24 hour rate: Bbl oil: 303 Mcf Gas: 495 Bbl H2O: 447 GOR: 1634 Test Method: flowing Casing PSI: 166 Tubing PSI: 1070 Choke Size: 18/64 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1410 API Gravity Oil: 44 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7716 Tbg setting date: 03/13/2018 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: 02/15/2018 End Date: 02/23/2018 Date of First Production this formation: 03/27/2018

Perforations Top: 7853 Bottom: 12120 No. Holes: 740 Hole size: 0.42

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

Producing Interval: 7853'-12120'

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: 02/15/2018 End Date: 02/23/2018 Date of First Production this formation: 03/27/2018
 Perforations Top: 7821 Bottom: 7822 No. Holes: 4 Hole size: 0.73
 Provide a brief summary of the formation treatment: Open Hole:

Producing Interval: 7821'-7822'.

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 1021 FSL & 494 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: 6/5/2018 Email: ewinick@extractionog.com

Attachment Check List

Att Doc Num	Name
401662912	FORM 5A SUBMITTED
401663002	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)