

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:

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 ☒ 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: ☒

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)