

DRILLING COMPLETION REPORT

Document Number:
401932497

Date Received:

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type Final completion Preliminary completion

OGCC Operator Number: 10459 Contact Name: Kamrin Ruder
 Name of Operator: EXTRACTION OIL & GAS INC Phone: (720) 9747743
 Address: 370 17TH STREET SUITE 5300 Fax: _____
 City: DENVER State: CO Zip: 80202

API Number 05-001-10161-00 County: ADAMS
 Well Name: Duck Club Well Number: 12W-20-6N
 Location: QtrQtr: NWSW Section: 12 Township: 1S Range: 66W Meridian: 6
 Footage at surface: Distance: 2463 feet Direction: FSL Distance: 689 feet Direction: FWL
 As Drilled Latitude: 39.979064 As Drilled Longitude: -104.730951

GPS Data:
 Date of Measurement: 01/10/2019 PDOP Reading: 1.5 GPS Instrument Operator's Name: KEITH TAPHORN

** If directional footage at Top of Prod. Zone Dist.: 2479 feet. Direction: FNL Dist.: 2172 feet. Direction: FWL
 Sec: 12 Twp: 1S Rng: 66W
 ** If directional footage at Bottom Hole Dist.: 2431 feet. Direction: FNL Dist.: 2126 feet. Direction: FEL
 Sec: 10 Twp: 1S Rng: 66W

Field Name: WATTENBERG Field Number: 90750
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 11/07/2018 Date TD: 12/11/2018 Date Casing Set or D&A: 12/12/2018
 Rig Release Date: 01/04/2019 Per Rule 308A.b.

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 17600 TVD** 7247 Plug Back Total Depth MD 17588 TVD** 7247
 Elevations GR 5037 KB 5066 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, MUD, MWD, (DIL in API 001-10158)

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	24	16	42	0	80	100	0	80	VISU
SURF	12+1/4	9+5/8	36	0	1,573	525	0	1,573	VISU
1ST	8+1/2	5+1/2	20	0	17,588	2,830	160	17,588	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
SUSSEX	5,117		NO	NO	
SHARON SPRINGS	7,711		NO	NO	
NIOBRARA	7,764		NO	NO	

Comment:

The TPZ footages are estimates calculated through Directional Plotting Software—from where the production string (5 ½" casing) crosses the 460' setback hardline. The actual footages will be submitted with the Form 5A.
No open hole resistivity log with gamma ray was run on this well.
DIL ran on Duck Club 12W-20-12C (001-10158)
The Parkman and Shannon MD top could not be called due to faulting

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

Signed: _____

Print Name: Kamrin Ruder

Title: Drilling Technician

Date: _____

Email: kruder@extractionog.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401935163	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401935161	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
401932576	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401935136	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401935144	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401935146	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401935157	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)

