

**DRILLING COMPLETION REPORT**

Document Number:  
402142752

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 05-014-20777-00 County: BROOMFIELD  
 Well Name: Interchange B Well Number: N35-20-6N  
 Location: QtrQtr: NESW Section: 10 Township: 1S Range: 68W Meridian: 6  
 Footage at surface: Distance: 2496 feet Direction: FSL Distance: 1637 feet Direction: FWL  
 As Drilled Latitude: \_\_\_\_\_ As Drilled Longitude: \_\_\_\_\_

GPS Data:  
 Date of Measurement: \_\_\_\_\_ PDOP Reading: \_\_\_\_\_ GPS Instrument Operator's Name: \_\_\_\_\_

\*\* If directional footage at Top of Prod. Zone Dist.: 150 feet. Direction: FSL Dist.: 1741 feet. Direction: FEL  
 Sec: 3 Twp: 1S Rng: 68W  
 \*\* If directional footage at Bottom Hole Dist.: 502 feet. Direction: FNL Dist.: 1287 feet. Direction: FEL  
 Sec: 34 Twp: 1S Rng: 68W

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

Spud Date: (when the 1st bit hit the dirt) 03/31/2019 Date TD: 05/19/2019 Date Casing Set or D&A: 05/20/2019  
 Rig Release Date: 06/29/2019 Per Rule 308A.b.

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

Total Depth MD 18480 TVD\*\* 7638 Plug Back Total Depth MD 18476 TVD\*\* 7638  
 Elevations GR 5213 KB 5242 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
CBL, MUD, MWD, (RESISTIVITY 123-20846)

**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	1,643	550	0	1,643	VISU
1ST	8+1/2	5+1/2	20	0	18,476	2,918	784	18,476	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	
PARKMAN	5,085		NO	NO	
SUSSEX	5,460		NO	NO	
SHANNON	6,047		NO	NO	
SHARON SPRINGS	8,441		NO	NO	
NIOBRARA	8,548		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.  
 Alternative Logging Program- No open hole resistivity log with gamma ray was run on this well. Triple Combination ran on INTERCHANGE B N35-20-2C (123-20846)  
 The as-built latitude and longitude data will be submitted via sundry.

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 ?	
<b>Attachment Checklist</b>			
402144290	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402144288	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"/>
<b>Other Attachments</b>			
402142832	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402143751	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402144282	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402144285	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402144287	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)

