

DRILLING COMPLETION REPORT

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.

Document Number:
402142770

Date Received:

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 05-014-20780-00 County: BROOMFIELD

Well Name: INTERCHANGE B Well Number: S22-30-15N

Location: QtrQtr: NESW Section: 10 Township: 1S Range: 68W Meridian: 6

Footage at surface: Distance: 2200 feet Direction: FSL Distance: 1689 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.: 1230 feet. Direction: FEL
Sec: 10 Twp: 1S Rng: 68W

** If directional footage at Bottom Hole Dist.: 505 feet. Direction: FSL Dist.: 1205 feet. Direction: FEL
Sec: 22 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) 06/14/2019 Date TD: 06/19/2019 Date Casing Set or D&A: 06/21/2019

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 24655 TVD** 7917 Plug Back Total Depth MD 24645 TVD** 7917

Elevations GR 5206 KB 5235 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
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	1,565	550	0	1,665	VISU
1ST	8+1/2	5+1/2	20	0	24,645	3,937		24,645	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	5,211		NO	NO	
SUSSEX	5,598		NO	NO	
SHANNON	6,167		NO	NO	
SHARON SPRINGS	8,880		NO	NO	
NIOBRARA	8,924		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.

Cement Bond Log and cement top depth will be attached 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 ?	
Attachment Checklist			
402144365	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402144362	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			
402143894	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402143925	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402143928	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402144361	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)

