

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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, reoperation 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: Troy Owens Phone: (720) 557-8303 Fax: Email: towens@extractionog.com

5. API Number 05-123-09150-00 6. County: WELD 7. Well Name: BANGERT Well Number: 41-19 8. Location: QtrQtr: NENE Section: 19 Township: 2N Range: 66W Meridian: 6 9. Field Name: SPINDLE Field Code: 77900

Completed Interval

FORMATION: SUSSEX Status: PRODUCING Treatment Type: ACID JOB

Treatment Date: 03/18/2013 End Date: 03/18/2013 Date of First Production this formation: 04/20/1977

Perforations Top: 4544 Bottom: 4568 No. Holes: 24 Hole size:

Provide a brief summary of the formation treatment: Open Hole: []

Acid pumpdown to remove scale. No new perforations shot.

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): 28 Max pressure during treatment (psi): 45

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: Min frac gradient (psi/ft): 0.43

Total acid used in treatment (bbl): 18 Number of staged intervals:

Recycled water used in treatment (bbl): Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): 10 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 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: 04/01/2013 Hours: 24 Bbl oil: 6 Mcf Gas: 3 Bbl H2O: 8

Calculated 24 hour rate: Bbl oil: 6 Mcf Gas: 3 Bbl H2O: 8 GOR: 500

Test Method: Pumping Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1350 API Gravity Oil: 41

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:

No pressure/choke data, tubing data, or flowback volume available from Sundance. No perforation hole size available from original completion.

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

Signed: _____ Print Name: Troy Owens

Title: Engineer Date: 5/18/2015 Email towens@extractionog.com

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400841068	COMPLETED INTERVAL REPORT
402091662	FORM 5A SUBMITTED

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Returned to draft per operator request.	09/04/2015

Total: 1 comment(s)