

FORM
5
Rev
10/14

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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DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and/or cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

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 Email: kruder@extractionog.com

API Number 05-123-49914-00 County: WELD
Well Name: Coyote Trails Well Number: 33S-20-1N
Location: QtrQtr: SWSE Section: 28 Township: 1N Range: 68W Meridian: 6
FNL/FSL FEL/FWL
Footage at surface: Distance: 1149 feet Direction: FSL Distance: 2301 feet Direction: FEL
As Drilled Latitude: 40.017977 As Drilled Longitude: -105.007282
GPS Data:
Date of Measurement: 05/10/2019 PDOP Reading: 1.4 GPS Instrument Operator's Name: DANNY TUCKER
FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: 460 feet Direction: FNL Dist: 2601 feet Direction: FEL
Sec: 33 Twp: 1N Rng: 68W
FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: 200 feet Direction: FSL Dist: 2145 feet Direction: FWL
Sec: 4 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) 04/30/2019 Date TD: 06/21/2019 Date Casing Set or D&A: 06/22/2019
Rig Release Date: 07/19/2019 Per Rule 308A.b.

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

Total Depth MD 17953 TVD** 7939 Plug Back Total Depth MD 17946 TVD** 7939
Elevations GR 5273 KB 5301 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
CBL, MUD, MWD, (RESISTIVITY 123-45991)

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	1,620	550	0	1,620	VISU
1ST	8+1/2	5+1/2	20	0	17,976	2,830	1,525	17,946	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	4,574		NO	NO	
SUSSEX	4,967		NO	NO	
SHANNON	5,421		NO	NO	
SHARON SPRINGS	7,767		NO	NO	
NIOBRARA	7,895		NO	NO	

Operator Comments:

The TPZ footages are estimates calculated through Directional Plotting Software—from where the production string (5 1/2" 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 Coyote Trails 34S-20-11C (123-45991)

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 ?	
<u>Attachment Checklist</u>			
402174417	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402174420	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"/>
<u>Other Attachments</u>			
402174415	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402174429	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402174432	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402174741	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402174745	PDF-MWD/LWD	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)

