

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



Document Number:
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Date Received:

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 05-123-48248-00 County: WELD
Well Name: Coyote Trails Well Number: 33W-15-7N
Location: QtrQtr: SWSE Section: 28 Township: 1N Range: 68W Meridian: 6
FNL/FSL _____ FEL/FWL _____
Footage at surface: Distance: 1150 feet Direction: FSL Distance: 2373 feet Direction: FEL
As Drilled Latitude: 40.017979 As Drilled Longitude: -105.007537
GPS Data:
Date of Measurement: 05/10/2019 PDOP Reading: 1.5 GPS Instrument Operator's Name: DANNY TUCKER
FNL/FSL _____ FEL/FWL _____
** If directional footage at Top of Prod. Zone Dist: 1953 feet Direction: FNL Dist: 2583 feet Direction: FEL
Sec: 33 Twp: 1N Rng: 68W
FNL/FSL _____ FEL/FWL _____
** If directional footage at Bottom Hole Dist: 1900 feet Direction: FNL Dist: 511 feet Direction: FWL
Sec: 32 Twp: 1N Rng: 68W
Field Name: WATTENBERG Field Number: 90750
Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 05/04/2019 Date TD: 07/09/2019 Date Casing Set or D&A: 07/10/2019
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 16195 TVD** 7950 Plug Back Total Depth MD 16177 TVD** 7950
Elevations GR 5274 KB 5302 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	1,613	550	0	1,613	VISU
1ST	8+1/2	5+1/2	20	0	16,177	2,600	1,500	16,177	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	5,027		NO	NO	
SUSSEX	5,423		NO	NO	
SHANNON	6,048		NO	NO	
SHARON SPRINGS	8,548		NO	NO	
NIOBRARA	8,599		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 ?	
Attachment Checklist			
402179036	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402179034	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			
402179022	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402179026	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402179030	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402179031	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402179071	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)

