

COMPLETED INTERVAL REPORT

Document Number:
402143103

Date Received:

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, reperforation 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.

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5. API Number <u>05-014-20846-00</u>	6. County: <u>BROOMFIELD</u>
7. Well Name: <u>Interchange B</u>	Well Number: <u>N35-20-2C</u>
8. Location: QtrQtr: <u>NESW</u> Section: <u>10</u> Township: <u>1S</u> Range: <u>68W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: <u>CARLILE</u>	Status: <u>COMMINGLED</u>	Treatment Type: <u>FRACTURE STIMULATION</u>
Treatment Date: <u>07/15/2019</u>	End Date: <u>07/24/2019</u>	Date of First Production this formation: <u>10/02/2019</u>
Perforations Top: <u>9011</u>	Bottom: <u>18598</u>	No. Holes: <u>136</u> Hole size: <u>38/100</u>

Provide a brief summary of the formation treatment:

Open Hole:

Perforated Carlile from 9011 -9430; 11950 - 12000; 17072 - 17518; 18404 - 18598 with a total of 136 holes.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): _____	Max pressure during treatment (psi): _____
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): _____
Type of gas used in treatment: _____	Min frac gradient (psi/ft): _____
Total acid used in treatment (bbl): _____	Number of staged intervals: _____
Recycled water used in treatment (bbl): _____	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____	Disposition method for flowback: _____
Total proppant used (lbs): _____	Rule 805 green completion techniques were utilized: <input type="checkbox"/>
Reason why green completion not utilized: _____	

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____	Hours: _____	Bbl oil: _____	Mcf Gas: _____	Bbl H2O: _____
Calculated 24 hour rate:	Bbl oil: _____	Mcf Gas: _____	Bbl H2O: _____	GOR: _____
Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____	
Gas Disposition: _____	Gas Type: _____	Btu Gas: _____	API Gravity Oil: _____	
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____	
Reason for Non-Production: _____				
Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____		
** Bridge Plug Depth: _____	** Sacks cement on top: _____	** Wireline and Cement Job Summary must be attached.		

FORMATION: CARLILE-CODELL-FORT HAYS Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 07/15/2019 End Date: 07/24/2019 Date of First Production this formation: 10/02/2019

Perforations Top: 9011 Bottom: 18598 No. Holes: 1135 Hole size: 38/100

Provide a brief summary of the formation treatment: _____ Open Hole:

Frac'd Carlile-Codell-Fort Hays with a 39 stage plug and perf:
7312990# 30/50 sand proppant pumped.
141564 total bbls fluid pumped: 126815 bbls gelled fluid; 14749 bbls fresh water and 0 bbls Acid.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 141564 Max pressure during treatment (psi): 8652

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): 0.82

Total acid used in treatment (bbl): 0 Number of staged intervals: 39

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 10420

Fresh water used in treatment (bbl): 14749 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 7312990 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 10/13/2019 Hours: 24 Bbl oil: 401 Mcf Gas: 771 Bbl H2O: 163

Calculated 24 hour rate: Bbl oil: 401 Mcf Gas: 771 Bbl H2O: 163 GOR: 1923

Test Method: flowing Casing PSI: 2347 Tubing PSI: 1793 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1300 API Gravity Oil: 49

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8843 Tbg setting date: 09/03/2019 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.

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 07/15/2019 End Date: 07/24/2019 Date of First Production this formation: 10/02/2019

Perforations Top: 9456 Bottom: 18380 No. Holes: 966 Hole size: 38/100

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

Perforated Codell from 9456 - 10320; 10367 - 11928; 12034 - 13919; 14097 - 16893; 17013 - 17038; 17540 - 18380 with a total of 966 holes.

This formation is commingled with another formation: Yes No

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

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

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

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

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

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

Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____

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

Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____

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.

FORMATION: FORT HAYS Status: COMMINGLED Treatment Type: FRACTURE STIMULATION
 Treatment Date: 07/15/2019 End Date: 07/24/2019 Date of First Production this formation: 10/02/2019
 Perforations Top: 10343 Bottom: 16992 No. Holes: 33 Hole size: 38/100

Provide a brief summary of the formation treatment: Open Hole:
 Perforated Fort Hays from 10343 - 10344; 13942 - 14074; 16916 - 16992 with a total of 33 holes.

This formation is commingled with another formation: Yes No
 Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____
 Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____
 Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____
 Total acid used in treatment (bbl): _____ Number of staged intervals: _____
 Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
 Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____
 Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:
 Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
 Calculated 24 hour rate: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____
 Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
 Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____
 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:
 TPZ: 192 FSL & 2515 FWL

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
 Signed: _____ Print Name: Elaine Winick
 Title: Completions Tech Date: _____ Email: ewinick@extractionog.com

Attachment Check List

Att Doc Num	Name
402167518	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)