

FORM  
5A  
Rev  
06/12

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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Document Number:  
402143112

Date Received:

**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, 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.

1. OGCC Operator Number: <u>10459</u>	4. Contact Name: <u>Elaine Winick</u>
2. Name of Operator: <u>EXTRACTION OIL &amp; GAS INC</u>	Phone: <u>(970) 576-3461</u>
3. Address: <u>370 17TH STREET SUITE 5300</u>	Fax: <u>(970) 534-6001</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>ewinick@extractionog.com</u>

5. API Number <u>05-014-20772-00</u>	6. County: <u>BROOMFIELD</u>
7. Well Name: <u>Interchange B</u>	Well Number: <u>N35-20-5C</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: CODELL-FORT HAYS Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 07/29/2019 End Date: 08/03/2019 Date of First Production this formation: 10/03/2019

Perforations Top: 9113 Bottom: 18696 No. Holes: 1141 Hole size: 38/100

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

Frac'd Codell-Fort Hays with a 39 stage plug and perf:  
 7312605# 30/50 sand proppant pumped.  
 140329 total bbls fluid pumped: 126881 bbls gelled fluid; 13448 bbls fresh water and 0 bbls Acid.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 140329 Max pressure during treatment (psi): 8523

Total gas used in treatment (mcf): \_\_\_\_\_ Fluid density at initial fracture (lbs/gal): 8.33

Type of gas used in treatment: \_\_\_\_\_ Min frac gradient (psi/ft): 0.85

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

Recycled water used in treatment (bbl): \_\_\_\_\_ Flowback volume recovered (bbl): 10184

Fresh water used in treatment (bbl): 13448 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 7312605 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: 471 Mcf Gas: 993 Bbl H2O: 136

Calculated 24 hour rate: Bbl oil: 471 Mcf Gas: 993 Bbl H2O: 136 GOR: 2108

Test Method: FLOWING Casing PSI: 1647 Tubing PSI: 2105 Choke Size: 18/64

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8914 Tbg setting date: 09/04/2019 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: 07/29/2019 End Date: 08/03/2019 Date of First Production this formation: 10/03/2019

Perforations Top: 9509 Bottom: 18696 No. Holes: 1093 Hole size: 38/100

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

Perforated Codell from 9509 - 14319 and from 14593 - 18696 with a total of 1093 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: 07/29/2019 End Date: 08/03/2019 Date of First Production this formation: 10/03/2019

Perforations Top: 9113 Bottom: 14570 No. Holes: 48 Hole size: 38/100

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

Perforated Fort Hays from 9113 - 9486 with a total of 48 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 & 2021 FEL

COA COMMENTS:

Extraction received approval, via a Form 4 sundry (doc #s 402093586) on 7/26/19 to stimulate the subject well within 150' of the KATS 'B' UNIT 2 (API 014-18577) and from the Kats 6-4-34 (api 05-014-20654). Crestone Peak Resources, operator of the KATS 'B' UNIT 2 and the Kats 6-4-34, provided written consent on July 24, 2019.

Crestone Kats 'B' Unit 2 05-014-18577 Niobrara-Codell perms are from 7566 – 8027

depth of the perforation in this well nearest to the treated interval of the offset well is 17591, and the distance between the wells at that depth is 145'.

Crestone Kats 6-4-34 05-014-20654 Niobrara-Codell perms are from 7822 - 8094

depth of the perforation in this well nearest to the treated interval of the offset well is 16667, and the distance between the wells at that depth is 128'

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

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## Attachment Check List

**Att Doc Num**

**Name**

402167634

WELLBORE DIAGRAM

Total Attach: 1 Files

### General Comments

**User Group**

**Comment**

**Comment Date**

Stamp Upon  
Approval

Total: 0 comment(s)