

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



DE ET OE ES

Document Number:

402143122

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: 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: Elaine Winick
Phone: (970) 576-3461
Fax: (970) 534-6001
Email: ewinick@extractionog.com

5. API Number 05-014-20776-00
6. County: BROOMFIELD
7. Well Name: Interchange B
Well Number: N35-20-8C
8. Location: QtrQtr: NESW Section: 10 Township: 1S Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/08/2019 End Date: 08/15/2019 Date of First Production this formation: 10/04/2019

Perforations Top: 9298 Bottom: 18886 No. Holes: 1105 Hole size: 38/100

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

Perforated Codell from 9298 - 14710; 15033 - 18886 with a total of 1105 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: 08/08/2019 End Date: 08/15/2019 Date of First Production this formation: 10/04/2019

Perforations Top: 14730 Bottom: 14890 No. Holes: 21 Hole size: 38/100

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

Perforated Fort Hays from 14730 - 14890 with a total of 21 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: NIOBRARA-FT HAYS-CODELL		Status: PRODUCING		Treatment Type: FRACTURE STIMULATION	
Treatment Date: 08/08/2019		End Date: 08/15/2019		Date of First Production this formation: 10/04/2019	
Perforations Top: 9298		Bottom: 18886		No. Holes: 1141 Hole size: 38/100	
Provide a brief summary of the formation treatment:				Open Hole: <input type="checkbox"/>	
Frac'd Niobrara-Fort Hays-Codell with a 39 stage plug and perf: 7311835 total pounds proppant pumped: 32780 pounds 40/70 mesh; 7279055 pounds 30/50 mesh. 144222 total bbls fluid pumped: 127091 bbls gelled fluid; 17131 bbls fresh water and 0 bbls Acid.					
This formation is commingled with another formation:				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Total fluid used in treatment (bbl): 144222		Max pressure during treatment (psi): 8478			
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): 0.84			
Total acid used in treatment (bbl): 0		Number of staged intervals: 39			
Recycled water used in treatment (bbl):		Flowback volume recovered (bbl): 7635			
Fresh water used in treatment (bbl): 17131		Disposition method for flowback: DISPOSAL			
Total proppant used (lbs): 7311835		Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>			
Reason why green completion not utilized: _____					
Fracture stimulations must be reported on FracFocus.org					
Test Information:					
Date: 10/13/2019	Hours: 24	Bbl oil: 509	Mcf Gas: 1066	Bbl H2O: 123	
Calculated 24 hour rate:	Bbl oil: 509	Mcf Gas: 1066	Bbl H2O: 123	GOR: 2094	
Test Method: FLOWING	Casing PSI: 2526	Tubing PSI: 2195	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: 9124	Tbg setting date: 09/01/2019	Packer Depth:		
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
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: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION
Treatment Date: 08/08/2019 End Date: 08/15/2019 Date of First Production this formation: 10/04/2019
Perforations Top: 14915 Bottom: 15010 No. Holes: 15 Hole size: 38/100
Provide a brief summary of the formation treatment: Open Hole: ☐

Perforated Niobrara from 14915 - 15010 with a total of 15 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: 190 FSL & 1202 FEL

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**

402167652 WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group **Comment**

Comment Date

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)