

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 4. Contact Name: Elaine Winick
 2. Name of Operator: EXTRACTION OIL & GAS INC Phone: (970) 576-3461
 3. Address: 370 17TH STREET SUITE 5300 Fax: (970) 534-6001
 City: DENVER State: CO Zip: 80202 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:

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: Yes 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:

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:

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 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
		Stamp Upon Approval

Total: 0 comment(s)