

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:
402244279
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 05-014-20753-00 County: BROOMFIELD
Well Name: Livingston Well Number: S19-25-2C
Location: QtrQtr: NWSE Section: 7 Township: 1S Range: 68W Meridian: 6
FNL/FSL FEL/FWL
Footage at surface: Distance: 2332 feet Direction: FSL Distance: 1510 feet Direction: FEL
As Drilled Latitude: 39.978563 As Drilled Longitude: -105.040058
GPS Data:
Date of Measurement: 11/18/2019 PDOP Reading: 1.4 GPS Instrument Operator's Name: JAYME HOBIN
FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: 2473 feet Direction: FSL Dist: 700 feet Direction: FWL
Sec: 7 Twp: 1S Rng: 68W
FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: 515 feet Direction: FSL Dist: 617 feet Direction: FWL
Sec: 19 Twp: 1S Rng: 68W
Field Name: WATTENBERG Field Number: 90750
Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 06/04/2019 Date TD: 07/24/2019 Date Casing Set or D&A: 07/25/2019
Rig Release Date: 11/14/2019 Per Rule 308A.b.

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 21773 TVD** 8352 Plug Back Total Depth MD 21763 TVD** 8352
Elevations GR 5316 KB 5345 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
CBL, MUD, MWD, RESISTIVITY

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	1,622	600	0	1,622	VISU
1ST	8+1/2	5+1/2	20	0	21,763	3,550	0	21,763	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	5,013		NO	NO	
SUSSEX	5,436		NO	NO	
SHANNON	5,965		NO	NO	
SHARON SPRINGS	8,496		NO	NO	
NIOBRARA	8,520		NO	NO	
FORT HAYS	9,081		NO	NO	
CODELL	9,176		NO	NO	

Operator Comments:

The TPZ footages are estimates calculated through Directional Plotting Software—from where the production string (5 ½" casing) is greater than or equal to 150' south of the center line of section 7, Township 1S, Range 68W. The actual footages will be submitted with the Form 5A.

Open hole resistivity log with gamma ray was run on this well.

Additional Formation Information:

Niobrara:

11625-11772

20772-20938

Fort Hayes:

11722-11884

16812-17586

17733-18913

20660-20772

20938-21132

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			
402244351	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402280092	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			
402258963	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402258995	PDF-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402259005	LAS-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402280083	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402280088	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402280090	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402280091	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)

