

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:

402244400

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: <u>10459</u>	Contact Name: <u>Kamrin Ruder</u>
Name of Operator: <u>EXTRACTION OIL &amp; GAS INC</u>	Phone: <u>(720) 9747743</u>
Address: <u>370 17TH STREET SUITE 5300</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>kruder@extractionog.com</u>

API Number <u>05-014-20754-00</u>	County: <u>BROOMFIELD</u>
Well Name: <u>Livingston</u>	Well Number: <u>S19-25-8C</u>
Location: QtrQtr: <u>NWSE</u> Section: <u>7</u> Township: <u>1S</u> Range: <u>68W</u> Meridian: <u>6</u>	
	FNL/FSL <span style="float:right">FEL/FWL</span>
Footage at surface: Distance: <u>2331</u> feet Direction: <u>FSL</u> Distance: <u>1402</u> feet Direction: <u>FEL</u>	
As Drilled Latitude: <u>39.978563</u> As Drilled Longitude: <u>-105.039673</u>	
GPS Data:	
Date of Measurement: <u>11/18/2019</u> PDOP Reading: <u>1.4</u> GPS Instrument Operator's Name: <u>JAYME HOBIN</u>	
	FNL/FSL <span style="float:right">FEL/FWL</span>
** If directional footage at Top of Prod. Zone Dist: <u>2445</u> feet Direction: <u>FSL</u> Dist: <u>2462</u> feet Direction: <u>FEL</u>	
Sec: <u>7</u> Twp: <u>1S</u> Rng: <u>68W</u>	
	FNL/FSL <span style="float:right">FEL/FWL</span>
** If directional footage at Bottom Hole Dist: <u>509</u> feet Direction: <u>FSL</u> Dist: <u>2542</u> feet Direction: <u>FEL</u>	
Sec: <u>19</u> Twp: <u>1S</u> Rng: <u>68W</u>	
Field Name: <u>WATTENBERG</u> Field Number: <u>90750</u>	
Federal, Indian or State Lease Number: _____	

Spud Date: (when the 1st bit hit the dirt) 06/08/2019 Date TD: 08/27/2019 Date Casing Set or D&A: 08/28/2019  
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 <u>21183</u> TVD** <u>8409</u> Plug Back Total Depth MD <u>21173</u> TVD** <u>8409</u>
Elevations GR <u>5321</u> KB <u>5340</u> <b>Digital Copies of ALL Logs must be Attached per Rule 308A</b> <input checked="" type="checkbox"/>

List Electric Logs Run:  
CBL, MUD, MWD, (RESISTIVITY 014-20753)

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### 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	1,620	525	0	1,620	VISU
1ST	8+1/2	5+1/2	20	0	21,173	3,586	1,260	21,173	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	4,690		NO	NO	
SUSSEX	5,065		NO	NO	
SHANNON	5,590		NO	NO	
NIOBRARA	7,982		NO	NO	
FORT HAYS	8,629		NO	NO	
CODELL	8,702		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.

Alternative Logging Program- No open hole resistivity log with gamma ray was run on this well. Resistivity ran on Livingston S19-25-2C (014-20753)

**Additional Formation Information:**

Niobrara:  
9350-9400  
Fort Hays:  
9400-9807  
13486-13787  
16437-16638  
18713-18798  
19394-19472  
19490-19553  
20757-21183  
Carlile:  
10258-10338  
14383-14822

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Kamrin Ruder

Signed:

Print Name:

Title: Drilling Technician

Date: \_\_\_\_\_

Email: kruder@extractionog.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
402244401	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402280218	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"/>
<u>Other Attachments</u>			
402265334	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402280210	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402280213	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402280215	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402280217	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)

