

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:

402280360

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 & 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>05-123-42180-00</u>	County: <u>WELD</u>
Well Name: <u>MT FED Maplewood</u>	Well Number: <u>8W-20-10</u>
Location: QtrQtr: <u>NENW</u> Section: <u>9</u> Township: <u>5N</u> Range: <u>65W</u> Meridian: <u>6</u>	
	FNL/FSL FEL/FWL
Footage at surface: Distance: <u>972</u> feet Direction: <u>FNL</u> Distance: <u>1753</u> feet Direction: <u>FWL</u>	
As Drilled Latitude: <u>40.418159</u> As Drilled Longitude: <u>-104.671664</u>	

GPS Data:

Date of Measurement: <u>02/06/2019</u>	PDOP Reading: <u>1.3</u>	GPS Instrument Operator's Name: <u>Corey Westholmes</u>
	FNL/FSL	FEL/FWL

** If directional footage at Top of Prod. Zone	Dist: <u>1850</u> feet	Direction: <u>FNL</u>	Dist: <u>460</u> feet	Direction: <u>FEL</u>
Sec: <u>8</u>	Twp: <u>5N</u>	Rng: <u>65W</u>		
		FNL/FSL		FEL/FWL

** If directional footage at Bottom Hole	Dist: <u>2165</u> feet	Direction: <u>FNL</u>	Dist: <u>500</u> feet	Direction: <u>FWL</u>
Sec: <u>7</u>	Twp: <u>5N</u>	Rng: <u>65W</u>		

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 12/25/2018 Date TD: 10/30/2019 Date Casing Set or D&A: 10/31/2019

Rig Release Date: 11/15/2019 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 17285 TVD** 6946 Plug Back Total Depth MD 17275 TVD** 6946

Elevations GR 4635 KB 4663 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:

CBL, MUD, MWD, (RESISTIVITY 123-42174)

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	1,553	575	0	1,553	VISU
1ST	8+1/2	5+1/2	20	0	17,275	2,750	187	17,275	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	3,708		NO	NO	
SUSSEX	4,310		NO	NO	
SHARON SPRINGS	7,196		NO	NO	
NIOBRARA	7,233		NO	NO	

Operator Comments:

The TPZ footages are estimates calculated through Directional Plotting Software—from where the production string (5 1/2" casing) crosses the 460' setback hardline. 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 MT Fed Luther 8W-20-2 (123-42174)
The Shannon MD top could not be called due to faulting, all other formations encountered are submitted with the original wellbore form 5.
The Ash pad was drilled with two different rigs. Therefore, KB will be not be consistent throughout.

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 ?	
<u>Attachment Checklist</u>			
402283561	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402283558	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>			
402283543	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402283549	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402283554	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402283555	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402283557	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)

