

FORM
5Rev
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:

402244413

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 05-014-20748-00

County: BROOMFIELD

Well Name: Livingston

Well Number: S19-25-10N

Location: QtrQtr: NWSE Section: 7 Township: 1S Range: 68W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 2331 feet Direction: FSL Distance: 1366 feet Direction: FEL

As Drilled Latitude: 39.978563 As Drilled Longitude: -105.039545

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: 2459 feet Direction: FSL Dist: 1789 feet Direction: FEL
Sec: 7 Twp: 1S Rng: 68W
FNL/FSL FEL/FWL** If directional footage at Bottom Hole Dist: 498 feet Direction: FSL Dist: 1892 feet Direction: FEL
Sec: 19 Twp: 1S Rng: 68W
FNL/FSL FEL/FWL

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 06/10/2019 Date TD: 09/09/2019 Date Casing Set or D&A: 09/10/2019

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 20924 TVD** 8142 Plug Back Total Depth MD 20916 TVD** 8142

Elevations GR 5323 KB 5342

Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

CBL, MUD, MWD, (RESISTIVITY 014-20753)

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	525	0	1,622	VISU
1ST	8+1/2	5+1/2	20	0	20,916	3,240	0	20,916	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	4,716		NO	NO	
SUSSEX	5,086		NO	NO	
SHANNON	5,624		NO	NO	
SHARON SPRINGS	8,008		NO	NO	
NIOBRARA	8,020		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)

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>					
402244422	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
402280229	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>					
402279197	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402279211	LAS-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402280227	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402280228	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402284953	PDF-MWD/LWD	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)

