

FORM
5A
Rev
06/12

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 892-2109



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Document Number:
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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: <u>10459</u>	4. Contact Name: <u>Elaine Winick</u>
2. Name of Operator: <u>EXTRACTION OIL & GAS INC</u>	Phone: <u>(970) 576-3461</u>
3. Address: <u>370 17TH STREET SUITE 5300</u>	Fax: <u>(970) 534-6001</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>ewinick@extractionog.com</u>

5. API Number <u>05-123-48231-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>LIND</u>	Well Number: <u>26W-30-6N</u>
8. Location: QtrQtr: <u>NENE</u> Section: <u>26</u> Township: <u>7N</u> Range: <u>67W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/01/2020 End Date: 02/14/2020 Date of First Production this formation: 03/08/2020

Perforations Top: 7804 Bottom: 22610 No. Holes: 1771 Hole size: 38/100

Provide a brief summary of the formation treatment: _____ Open Hole:

Frac'd Niobrara with 60 stage plug and perf:
21001150 total pounds proppant pumped: 10501140 pounds 40/70 mesh; 10500010 pounds 30/50 mesh.
275495 total bbls fluid pumped: 242160 bbls gelled fluid; 33293 bbls fresh water and 42 bbls 28% HCl Acid.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 275495 Max pressure during treatment (psi): 9589

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.30

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.95

Total acid used in treatment (bbl): 42 Number of staged intervals: 60

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 18434

Fresh water used in treatment (bbl): 33293 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 21001150 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 03/13/2020 Hours: 24 Bbl oil: 145 Mcf Gas: 346 Bbl H2O: 991

Calculated 24 hour rate: Bbl oil: 145 Mcf Gas: 346 Bbl H2O: 991 GOR: 2386

Test Method: flowing Casing PSI: 413 Tubing PSI: 837 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1200 API Gravity Oil: 39

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7653 Tbg setting date: 02/23/2020 Packer Depth: 7644

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: 2188 FNL & 507 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
402348881	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)