

Document Number:
402263412

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>05-014-20754-00</u>	6. County: <u>BROOMFIELD</u>
7. Well Name: <u>Livingston</u>	Well Number: <u>S19-25-8C</u>
8. Location: QtrQtr: <u>NWSE</u> Section: <u>7</u> Township: <u>1S</u> Range: <u>68W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: CARLILE Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/03/2019 End Date: 12/18/2019 Date of First Production this formation: 04/17/2020

Perforations Top: 10265 Bottom: 14814 No. Holes: 60 Hole size: 38/100

Provide a brief summary of the formation treatment: 10265 - 10328; 14392 - 14814

Open Hole:

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): _____	Max pressure during treatment (psi): _____
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): _____
Type of gas used in treatment: _____	Min frac gradient (psi/ft): _____
Total acid used in treatment (bbl): _____	Number of staged intervals: _____
Recycled water used in treatment (bbl): _____	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____	Disposition method for flowback: _____
Total proppant used (lbs): _____	Rule 805 green completion techniques were utilized: <input type="checkbox"/>

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____	Hours: _____	Bbl oil: _____	Mcf Gas: _____	Bbl H2O: _____
Calculated 24 hour rate: _____	Bbl oil: _____	Mcf Gas: _____	Bbl H2O: _____	GOR: _____
Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____	
Gas Disposition: _____	Gas Type: _____	Btu Gas: _____	API Gravity Oil: _____	
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____	

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.

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/03/2019 End Date: 12/18/2019 Date of First Production this formation: 04/17/2020

Perforations Top: 8756 Bottom: 20740 No. Holes: 1203 Hole size: 38/100

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

8756 - 9346; 9812 - 10243; 10352 - 13472; 13803 - 14369; 14834 - 16431; 16639 - 18702; 18811 - 19377; 19475 - 19476; 19585 - 20740.

This formation is commingled with another formation: Yes No

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

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

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

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

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

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

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

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

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.

FORMATION: FORT HAYS Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/03/2019 End Date: 12/18/2019 Date of First Production this formation: 04/17/2020

Perforations Top: 9419 Bottom: 21146 No. Holes: 172 Hole size: 38/100

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

9419 - 9788; 13495 - 13779; 16451 - 16615; 18726 - 18777; 19405 - 19451; 19500 - 19546; 20764 - 21146.

This formation is commingled with another formation: Yes No

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

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

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

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

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

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

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

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

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.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/03/2019 End Date: 12/18/2019 Date of First Production this formation: 04/17/2020

Perforations Top: 9370 Bottom: 9395 No. Holes: 6 Hole size: 38/100

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

This formation is commingled with another formation: Yes No

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

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

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

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

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

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

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

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

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.

FORMATION: NIOBRARA-FORT HAYS-CODELL-CARLILE Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/03/2019 End Date: 12/18/2019 Date of First Production this formation: 04/17/2020
Perforations Top: 8756 Bottom: 21146 No. Holes: 1441 Hole size: 38/100

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

Frac'd Niobrara-Fort Hays-Codell-Carlile with a 49 stage plug and perf:
9187895# 30/50 mesh sand proppant pumped.
183862 total bbls fluid pumped: 165146 bbls gelled fluid; 18716 bbls fresh water and 0 bbls Acid.

This formation is commingled with another formation: Yes No
Total fluid used in treatment (bbl): 183862 Max pressure during treatment (psi): 8413
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.33
Type of gas used in treatment: Min frac gradient (psi/ft): 0.80
Total acid used in treatment (bbl): 0 Number of staged intervals: 49
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 17059
Fresh water used in treatment (bbl): 18716 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 9187895 Rule 805 green completion techniques were utilized:
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/27/2020 Hours: 24 Bbl oil: 583 Mcf Gas: 1584 Bbl H2O: 326
Calculated 24 hour rate: Bbl oil: 583 Mcf Gas: 1584 Bbl H2O: 326 GOR: 2717
Test Method: flowing Casing PSI: 3040 Tubing PSI: 2641 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1390 API Gravity Oil: 52
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8723 Tbg setting date: 03/20/2020 Packer Depth:

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: 2385 FSL & 2456 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
402386638	WELLBORE DIAGRAM

Total Attach: 1 Files

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