

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) 894-2109



DE ET OE ES

Document Number:

402285657

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: 10459

2. Name of Operator: EXTRACTION OIL & GAS INC

3. Address: 370 17TH STREET SUITE 5300

City: DENVER State: CO Zip: 80202

4. Contact Name: Elaine Winick

Phone: (970) 576-3461

Fax: (970) 534-6001

Email: ewinick@extractionog.com

5. API Number 05-014-20749-00

7. Well Name: Livingston

8. Location: QtrQtr: NWSE Section: 7 Township: 1S Range: 68W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: BROOMFIELD

Well Number: S19-25-11C

Completed Interval

FORMATION: CARLILE Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 01/09/2020 End Date: 01/17/2020 Date of First Production this formation: 04/16/2020

Perforations Top: 8776 Bottom: 9134 No. Holes: 45 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: <u>CARLILE-CODELL-FORT HAYS</u> | | Status: <u>PRODUCING</u> | | Treatment Type: <u>FRACTURE STIMULATION</u> | |
| Treatment Date: <u>01/09/2020</u> | | End Date: <u>01/17/2020</u> | | Date of First Production this formation: <u>04/16/2020</u> | |
| Perforations | Top: <u>8776</u> | Bottom: <u>21187</u> | No. Holes: <u>1441</u> | Hole size: <u>38/100</u> | |

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

Frac'd Carlile-Codell-Fort Hays with a 49 stage plug and perf:
 9188110# 30/50 mesh sand proppant pumped.
 183319 total bbls fluid pumped: 165314 bbls gelled fluid; 18005 bbls fresh water and 0 bbls Acid.

This formation is commingled with another formation: ☐ Yes ☒ No

| | |
|--|---|
| Total fluid used in treatment (bbl): <u>183319</u> | Max pressure during treatment (psi): <u>8975</u> |
| Total gas used in treatment (mcf): _____ | Fluid density at initial fracture (lbs/gal): <u>8.30</u> |
| Type of gas used in treatment: _____ | Min frac gradient (psi/ft): <u>0.81</u> |
| Total acid used in treatment (bbl): <u>0</u> | Number of staged intervals: <u>49</u> |
| Recycled water used in treatment (bbl): <u>0</u> | Flowback volume recovered (bbl): <u>20508</u> |
| Fresh water used in treatment (bbl): <u>18005</u> | Disposition method for flowback: <u>DISPOSAL</u> |
| Total proppant used (lbs): <u>9188110</u> | Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/> |

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

| | | | | |
|------------------------------|-----------------------------------|-------------------------------------|----------------------------|---------------------|
| Date: <u>04/27/2020</u> | Hours: <u>24</u> | Bbl oil: <u>655</u> | Mcf Gas: <u>1692</u> | Bbl H2O: <u>283</u> |
| Calculated 24 hour rate: | Bbl oil: <u>655</u> | Mcf Gas: <u>1692</u> | Bbl H2O: <u>283</u> | GOR: <u>2583</u> |
| Test Method: <u>flowing</u> | Casing PSI: <u>2385</u> | Tubing PSI: <u>2681</u> | Choke Size: <u>16/64</u> | |
| Gas Disposition: <u>SOLD</u> | Gas Type: <u>WET</u> | Btu Gas: <u>1390</u> | API Gravity Oil: <u>52</u> | |
| Tubing Size: <u>2 + 3/8</u> | Tubing Setting Depth: <u>8757</u> | Tbg setting date: <u>03/22/2020</u> | 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: 01/09/2020 End Date: 01/17/2020 Date of First Production this formation: 04/16/2020

Perforations Top: 9158 Bottom: 21187 No. Holes: 1289 Hole size: 38/100

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

9158 - 9599; 9674 - 12049; 12208 - 13130; 13499 - 15824; 16033 - 19882; 20104 - 21187

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: 01/09/2020 End Date: 01/17/2020 Date of First Production this formation: 04/16/2020

Perforations Top: 9625 Bottom: 20080 No. Holes: 107 Hole size: 38/100

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

9625 - 9652; 12073 - 12207; 13166 - 13475; 15848 - 16032; 19906 - 20080

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.

Comment:

TPZ: 2405 FSL & 1465 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

402386651 WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group Comment

Comment Date

Stamp Upon Approval

Total: 0 comment(s)