

FORM
5ARev
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:

402295597

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 05-014-20757-00

7. Well Name: Livingston

6. County: BROOMFIELD

Well Number: S19-25-14C

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

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CARLILE Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 01/19/2020 End Date: 01/28/2020 Date of First Production this formation: 04/19/2020

Perforations Top: 8765 Bottom: 16427 No. Holes: 157 Hole size: 38/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

8765 - 8794, 10968 - 11330, 11958 - 12164, 15763 - 16427.

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>01/19/2020</u> | | End Date: <u>01/28/2020</u> | | Date of First Production this formation: <u>04/19/2020</u> | |
| Perforations Top: <u>8765</u> | | Bottom: <u>21213</u> | | No. Holes: <u>1471</u> Hole size: <u>38/100</u> | |
| Provide a brief summary of the formation treatment: | | | | Open Hole: <input type="checkbox"/> | |
| Frac'd Carlile-Codell-Fort Hays with a 50 stage plug and perf: 9374990# 30/50 mesh sand proppant pumped. 189629 total bbls fluid pumped: 170223 bbls gelled fluid; 19406 bbls fresh water and 0 bbls Acid. | | | | | |
| This formation is commingled with another formation: | | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Total fluid used in treatment (bbl): <u>189629</u> | | Max pressure during treatment (psi): <u>8854</u> | | | |
| Total gas used in treatment (mcf): _____ | | Fluid density at initial fracture (lbs/gal): <u>8.33</u> | | | |
| Type of gas used in treatment: _____ | | Min frac gradient (psi/ft): <u>0.84</u> | | | |
| Total acid used in treatment (bbl): <u>0</u> | | Number of staged intervals: <u>50</u> | | | |
| Recycled water used in treatment (bbl): <u>0</u> | | Flowback volume recovered (bbl): <u>21938</u> | | | |
| Fresh water used in treatment (bbl): <u>19406</u> | | Disposition method for flowback: <u>DISPOSAL</u> | | | |
| Total proppant used (lbs): <u>9374990</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>593</u> | Mcf Gas: <u>1536</u> | Bbl H2O: <u>345</u> | |
| Calculated 24 hour rate: | Bbl oil: <u>593</u> | Mcf Gas: <u>1536</u> | Bbl H2O: <u>345</u> | GOR: <u>2590</u> | |
| Test Method: <u>flowing</u> | Casing PSI: <u>2256</u> | Tubing PSI: <u>2664</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>8743</u> | Tbg setting date: <u>03/26/2020</u> | Packer Depth: _____ | | |
| Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | | | |
| Date formation Abandoned: _____ | Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 01/19/2020 | | End Date: 01/28/2020 | | Date of First Production this formation: 04/19/2020 | |
| Perforations | Top: 8819 | Bottom: 21213 | No. Holes: 1121 | Hole size: 38/100 | |
| Provide a brief summary of the formation treatment: | | | Open Hole: <input type="checkbox"/> | | |
| 8819 - 9398, 9446 - 10291, 10412 - 10798, 10871 - 10947, 11354 - 11935, 12183 - 12720, 12901 - 13613, 14314 - 15281, 15509 - 15742, 16428 - 16631, 16754 - 19641, 19894 - 20720, 20788 - 21213 | | | | | |
| This formation is commingled with another formation: | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 | | | | | |
| <u>Test Information:</u> | | | | | |
| 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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | | | |
| Date formation Abandoned: _____ | Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 01/19/2020 End Date: 01/28/2020 Date of First Production this formation: 04/19/2020
Perforations Top: 9424 Bottom: 20765 No. Holes: 193 Hole size: 38/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

9424 - 9425, 10313 - 10388, 10799 - 10847, 12743 - 12900, 13639 - 14291, 15304 - 15486, 16657 - 16730, 19676 - 19871, 20740 - 20765

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: 2445 FSL & 435 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**

402386663 WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group **Comment**

Comment Date

| User Group | Comment | Comment Date |
|------------|---------|---------------------|
| | | Stamp Upon Approval |

Total: 0 comment(s)