

FORM
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Rev
02/20

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:

402439548

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: <u>10459</u>	Contact Name: <u>Kamrin Stiver</u>
Name of Operator: <u>EXTRACTION OIL & GAS INC</u>	Phone: <u>(720) 9747743</u>
Address: <u>370 17TH STREET SUITE 5300</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>kstiver@extractionog.com</u>

API Number <u>05-123-49141-00</u>	County: <u>WELD</u>
Well Name: <u>RINN VALLEY WEST</u>	Well Number: <u>18N-25-08C</u>
Location: QtrQtr: <u>SESE</u> Section: <u>18</u> Township: <u>2N</u> Range: <u>68W</u> Meridian: <u>6</u>	
FNL/FSL FEL/FWL	
Footage at surface: Distance: <u>211</u> feet Direction: <u>FSL</u>	Distance: <u>841</u> feet Direction: <u>FEL</u>
As Drilled Latitude: _____ As Drilled Longitude: _____	
GPS Data: GPS Quality Value: _____ Type of GPS Quality Value: _____	Date of Measurement: _____
GPS Instrument Operator's Name: _____	
FNL/FSL FEL/FWL	
** If directional footage at Top of Prod. Zone	Dist: <u>182</u> feet Direction: <u>FSL</u> Dist: <u>935</u> feet Direction: <u>FEL</u>
Sec: <u>18</u> Twp: <u>2N</u> Rng: <u>68W</u>	
FNL/FSL FEL/FWL	
** If directional footage at Bottom Hole	Dist: <u>182</u> feet Direction: <u>FSL</u> Dist: <u>935</u> feet Direction: <u>FEL</u>
Sec: <u>18</u> Twp: <u>2N</u> Rng: <u>68W</u>	
Field Name: <u>WATTENBERG</u>	Field Number: <u>90750</u>
Federal, Indian or State Lease Number: _____	

Spud Date: (when the 1st bit hit the dirt) 06/03/2020 Date TD: 06/03/2020 Date Casing Set or D&A: 06/03/2020

Rig Release Date: 06/08/2020 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD <u>1619</u> TVD** <u>1610</u>	Plug Back Total Depth MD <u>1619</u> TVD** <u>1610</u>
Elevations GR <u>4943</u> KB <u>4971</u>	Digital Copies of ALL Logs must be Attached per Rule 308A <input type="checkbox"/>

List Electric Logs Run:

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	1,619	550	0	1,619	VISU

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	

Operator Comments:

Drilling was suspended after setting surface on this well due to economic and logistical reasons. Extraction plans to complete drilling operations on this well first quarter 2023.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Kamrin Stiver

Title: Drilling Technician Date: _____ Email: kstiver@extractionog.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
402440034	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402440035	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
402440033	DIRECTIONAL DATA	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)

