

FORM
5
Rev
11/20

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:
402556845

Date Received:
12/18/2020

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: 10459 Contact Name: Kamrin Stiver
Name of Operator: EXTRACTION OIL & GAS INC Phone: (720) 9747743
Address: 370 17TH STREET SUITE 5200 Fax: _____
City: DENVER State: CO Zip: 80202 Email: kstiver@extractionog.com

API Number 05-123-49347-00 County: WELD
Well Name: Schlotthauer Well Number: 23E-20-13C
Location: QtrQtr: SWSW Section: 23 Township: 7N Range: 67W Meridian: 6
FNL/FSL _____ FEL/FWL _____
Footage at surface: Distance: 353 feet Direction: FSL Distance: 972 feet Direction: FWL
As Drilled Latitude: 40.553381 As Drilled Longitude: -104.866429
GPS Data: GPS Quality Value: 2.0 Type of GPS Quality Value: PDOP Date of Measurement: 11/16/2020
FNL/FSL _____ FEL/FWL _____
** If directional footage at Top of Prod. Zone Dist: 284 feet Direction: FSL Dist: 756 feet Direction: FWL
Sec: 23 Twp: 7N Rng: 67W
FNL/FSL _____ FEL/FWL _____
** If directional footage at Bottom Hole Dist: 284 feet Direction: FSL Dist: 756 feet Direction: FWL
Sec: 23 Twp: 7N Rng: 67W
Field Name: WATTENBERG Field Number: 90750
Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 10/12/2020 Date TD: 10/12/2020 Date Casing Set or D&A: 10/12/2020
Rig Release Date: 10/18/2020 Per Rule 308A.b.

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 1600 TVD** 1580 Plug Back Total Depth MD 1600 TVD** 1580
Elevations GR 4964 KB 4978 Digital Copies of ALL Logs must be Attached

List All Logs Run:

CASING, LINER AND CEMENT

<u>Casing Type</u>	<u>Size of Hole</u>	<u>Size of Casing</u>	<u>Grade</u>	<u>Wt/Ft</u>	<u>Csg/Liner Top</u>	<u>Setting Depth</u>	<u>Sacks Cmt</u>	<u>Cmt Btm</u>	<u>Cmt Top</u>	<u>Status</u>
CONDUCTOR	24	16	J55	42	0	80	100	80		VISU
SURF	12+1/4	9+5/8	J55	36	0	1600	600	1600		VISU

Bradenhead Pressure Action Threshold 480 psig

This threshold is calculated per Rule 308A.b.(2)G. If this well is located in a bradenhead test area (see Rule 207.b) per an Order of the Commission, it may be subject to a different threshold.

Does the casing centralization comply with Rule 317.g? Yes

If "NO", provide details below.

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 third quarter 2021.

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: 12/18/2020 Email: kstiver@extractionog.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
402557516	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402557572	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>			
402556845	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402557573	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	• Footages corrected per Directional Survey.	01/07/2021

Total: 1 comment(s)

