

FORM
5A

Rev
09/20

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

402578004

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 5200

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 05-123-50285-00

7. Well Name: GP Cody Fed

8. Location: QtrQtr: NENE Section: 20 Township: 5N Range: 65W Meridian: 6

9. Field Name: DJ HORIZONTAL NIOBRARA Field Code: 16950

6. County: WELD

Well Number: 20E-15-2

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING
Treatment Date: 02/07/2021 End Date: 02/13/2021 Date this Formation was Completed: 04/02/2021
Perforations Top: 7390 Bottom: 14092 No. Holes: 871 Hole size: 40/100 Open Hole: ☐

Describe the Formation Treatment, including the following: type of fluid used (gel, slickwater, etc.), type and concentration of acid used (HCl, HF, etc.), types and amounts of proppant(s) used, depth details of multiple zones, and method used to determine flowback volume.

Frac'd Niobrara with 30 stage plug and perf:
6669345 total pounds proppant pumped: 3387640 pounds 40/70 mesh; 3281705 pounds 30/50 mesh.
73809 total bbls fluid pumped: 63212 bbls gelled fluid; 10545 bbls fresh water and 52 bbls 28% HCl Acid.

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

Total fluid used in treatment (bbl): 73809 Max pressure during treatment (psi): 8329
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.30
Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.93
Total acid used in treatment (bbl): 52 Number of staged intervals: 30
Recycled or Reused Fluids used in treatment (bbl): 0 Flowback volume recovered (bbl): 7763
Fresh water used in treatment (bbl): 10545 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 6669345

Fracture stimulations must be reported on FracFocus.org

Test Information:

04/15/2021 Hours: 24 Bbl oil: 444 Mcf Gas: 2743 Bbl H2O: 267
Date Calculated 24 hour rate: Bbl oil: 444 Mcf Gas: 2743 Bbl H2O: 267 GOR: 6178
Test Method: flowing Casing PSI: 2206 Tubing PSI: 1710 Choke Size: 20/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1297 API Gravity Oil: 55
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7252 Tbg setting date: 03/22/2021 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: 363 FNL & 1339 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
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Attachment List

Att Doc Num **Name**

402667789 WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)