

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:
402578010

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 05-123-50283-00
6. County: WELD
7. Well Name: GP Cody Fed
Well Number: 20E-15-4
8. Location: QtrQtr: NENE Section: 20 Township: 5N Range: 65W Meridian: 6
9. Field Name: DJ HORIZONTAL NIOBRARA Field Code: 16950

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: 7379 Bottom: 14376 No. Holes: 1021 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 35 stage plug and perf:
6999925 total pounds proppant pumped: 3499980 pounds 40/70 mesh; 3499945 pounds 30/50 mesh.
81754 total bbls fluid pumped: 69850 bbls gelled fluid; 11844 bbls fresh water and 60 bbls 28% HCl Acid.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 81754 Max pressure during treatment (psi): 8638

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): 0.92

Total acid used in treatment (bbl): 60 Number of staged intervals: 35

Recycled or Reused Fluids used in treatment (bbl): 0 Flowback volume recovered (bbl): 7521

Fresh water used in treatment (bbl): 11844 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 6999925

Fracture stimulations must be reported on FracFocus.org

Test Information:

04/15/2021 Hours: 24 Bbl oil: 457 Mcf Gas: 2374 Bbl H2O: 206

Calculated 24 hour rate: Bbl oil: 457 Mcf Gas: 2374 Bbl H2O: 206 GOR: 5195

Test Method: flowing Casing PSI: 2392 Tubing PSI: 1906 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: 7226 Tbg setting date: 03/24/2021 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: 902 FNL & 1615 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 List

Att Doc Num	Name
402667815	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)