

FORM
5Rev
12/20**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:

402972740

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: 10459

Contact Name: Kamrin Stiver

Name of Operator: EXTRACTION OIL & GAS INC

Phone: (720) 5578326

Address: 370 17TH STREET SUITE 5200

Fax:

City: DENVER

State: CO

Zip: 80202

Email: kstiver@civiresources.com

API Number 05-014-20810-00

County: BROOMFIELD

Well Name: UNITED B

Well Number: S16-20-16C

Location: QtrQtr: NENE Section: 9 Township: 1S Range: 68W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 454 feet Direction: FNL Distance: 920 feet Direction: FEL

As Drilled Latitude: 39.985431 As Drilled Longitude: -105.000499

GPS Data: GPS Quality Value: 1.4 Type of GPS Quality Value: PDOP Date of Measurement: 11/18/2019

** If directional footage at Top of Prod. Zone Dist: 150 feet Direction: FNL Dist: 1061 feet Direction: FEL
Sec: 9 Twp: 1S Rng: 68W** If directional footage at Bottom Hole Dist: 459 feet Direction: FSL Dist: 1041 feet Direction: FEL
Sec: 16 Twp: 1S Rng: 68W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 05/27/2020 Date TD: 12/27/2021 Date Casing Set or D&A: 12/28/2021

Rig Release Date: 01/04/2022 Per Rule 308A.b.

Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 18444 TVD** 8225 Plug Back Total Depth MD 18429 TVD** 8225

Elevations GR 5254 KB 5282

Digital Copies of ALL Logs must be Attached



List All Logs Run:

CBL, MWD, MUD (RESISTIVITY 014-20805)

FLUID VOLUMES USED IN DRILLING OPERATIONS

(Enter "0" if a type of a fluid was not used. Do not leave blank.)

Total Fluids (bbls): 2591

Fresh Water (bbls): 997

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 1775

CASING, LINER AND CEMENT

| Casing Type | Size of Hole | Size of Casing | Grade | Wt/Ft | Csg/Liner Top | Setting Depth | Sacks Cmt | Cmt Btm | Cmt Top | Status |
|-------------|--------------|----------------|-------|-------|---------------|---------------|-----------|---------|---------|--------|
| CONDUCTOR | 24 | 16 | A53B | 42 | 0 | 80 | 100 | 80 | 0 | VISU |
| SURF | 12+1/4 | 9+5/8 | J55 | 36 | 0 | 1622 | 550 | 1622 | 0 | VISU |
| 1ST | 8+1/2 | 5+1/2 | P110 | 20 | 0 | 18429 | 2870 | 18429 | 606 | CBL |

Bradenhead Pressure Action Threshold 487 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 | |
| PARKMAN | 4,632 | | NO | NO | |
| SUSSEX | 5,017 | | NO | NO | |
| SHANNON | 5,465 | | NO | NO | |
| SHARON SPRINGS | 7,736 | | NO | NO | |
| NIOBRARA | 7,780 | | NO | NO | |
| FORT HAYS | 8,511 | | NO | NO | |
| CODELL | 8,693 | | NO | NO | |

Operator Comments:

The TPZ footages are estimates calculated through Directional Plotting Software—from where the production string (5 ½" casing) crosses the 460' setback hardline. The actual footages will be submitted with the Form 5A.
Alternative Logging Program- No open hole resistivity log with gamma ray was run on this well per rule 317.p. A resistivity log was run on United A S16-20-04C (014-20805)
The United pad was drilled with two different rigs, one continuous operation. Therefore, KB will be not be consistent throughout.

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

Signed: _____

Print Name: Kamrin StiverTitle: Drilling Technician

Date: _____

Email: kstiver@civiresources.com

Attachment Check List

| Att Doc Num | Document Name | attached ? |
|-----------------------------|-----------------------|---|
| <u>Attachment Checklist</u> | | |
| 402973670 | CMT Summary * | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 402973677 | 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 checked="" type="checkbox"/> No <input type="checkbox"/> |
| | Other | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| <u>Other Attachments</u> | | |
| 402973662 | PDF-CEMENT BOND | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 402973664 | PDF-MUD | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 402973665 | LAS-MWD/LWD | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 402973666 | PDF-MWD/LWD | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 402973668 | 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)