

FORM
5

Rev
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:

402986493

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 05-123-48278-00 County: WELD
Well Name: VIC EAST Well Number: 21E-20-03
Location: QtrQtr: SENE Section: 20 Township: 7N Range: 67W Meridian: 6
FNL/FSL _____ FEL/FWL _____
Footage at surface: Distance: 2260 feet Direction: FNL Distance: 273 feet Direction: FEL
As Drilled Latitude: 40.560914 As Drilled Longitude: -104.908788
GPS Data: GPS Quality Value: 1.8 Type of GPS Quality Value: PDOP Date of Measurement: 01/27/2022

*** If directional footage at Top of Prod. Zone Dist: 1940 feet Direction: FSL Dist: 460 feet Direction: FWL
Sec: 21 Twp: 7N Rng: 67W
FNL/FSL _____ FEL/FWL _____

*** If directional footage at Bottom Hole Dist: 2030 feet Direction: FSL Dist: 459 feet Direction: FEL
Sec: 22 Twp: 7N Rng: 67W
FNL/FSL _____ FEL/FWL _____

Field Name: WATTENBERG Field Number: 90750
Federal, Indian or State Lease Number: 2656.13

Spud Date: (when the 1st bit hit the dirt) 12/07/2021 Date TD: 01/14/2022 Date Casing Set or D&A: 01/15/2022
Rig Release Date: 01/16/2022 Per Rule 308A.b.

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

Total Depth MD 17180 TVD** 7356 Plug Back Total Depth MD 17169 TVD** 7356
Elevations GR 5004 KB 5028 Digital Copies of ALL Logs must be Attached

List All Logs Run:
CBL, MWD, MUD (RESISTIVITY 123-48275)

FLUID VOLUMES USED IN DRILLING OPERATIONS
(Enter "0" if a type of a fluid was not used. Do not leave blank.)
Total Fluids (bbls): 2548 Fresh Water (bbls): 893
Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 1840

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	A52	42	0	104	100	104	0	VISU
SURF	13+1/2	9+5/8	J55	36	0	1731	550	1731	0	VISU
1ST	8+1/2	5+1/2	P110	17	0	17169	2685	17169	2039	CBL

Bradenhead Pressure Action Threshold 519 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	3,408		NO	NO	
SUSSEX	4,060		NO	NO	
SHANNON	4,973		NO	NO	
SHARON SPRINGS	6,915		NO	NO	
NIOBRARA	6,943		NO	NO	
FORT HAYS	7,462		NO	NO	
CODELL	7,736		NO	NO	

Operator Comments:

The TPZ footages are estimates calculated through Directional Plotting Software—from where the production string (5 1/2" 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 Vic East 16E-20-01 (123-48275)

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@civiresources.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
402986926	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402986929	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>			
402986917	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402986918	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402986919	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402986922	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402986925	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)