

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) 892-2109



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Document Number:
402974351

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: (303) 294-7806

Fax: _____

Email: ewinick@civiresources.com

5. API Number 05-014-20801-00

7. Well Name: UNITED B

8. Location: QtrQtr: NENE Section: 9 Township: 1S

9. Field Name: WATTENBERG Field Code: 90750

6. County: BROOMFIELD

Well Number: S16-20-11N

Range: 68W Meridian: 6

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 03/08/2022 End Date: 03/16/2022 Date this Formation was Completed: 07/06/2022

Perforations Top: 8423 Bottom: 18210 No. Holes: 2112 Hole size: 26/100 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 48 stage plug and perf:
8466090 total pounds proppant pumped: 3378950 pounds 40/70 mesh; 4734060 pounds 30/50 mesh, 353080 pounds 100 mesh.
311352 total bbls fluid pumped: 219300 bbls gelled fluid; 20052 bbls fresh water and 0 bbls Acid.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 311352 Max pressure during treatment (psi): 8343

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): 0.85

Total acid used in treatment (bbl): 0 Number of staged intervals: 48

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

Fresh water used in treatment (bbl): 20052 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 8466090

Fracture stimulations must be reported on FracFocus.org

Test Information:

07/16/2022 Hours: 24 Bbl oil: 167 Mcf Gas: 121 Bbl H2O: 295

Calculated 24 hour rate: Bbl oil: 167 Mcf Gas: 121 Bbl H2O: 295 GOR: 725

Test Method: flowing Casing PSI: 2987 Tubing PSI: 2216 Choke Size: 10/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1340 API Gravity Oil: 50

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8269 Tbg setting date: 04/24/2022 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: 161 FNL & 2452 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@civiresources.com

Attachment List

Att Doc Num	Name
403113859	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)