

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:

403120597

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: (303) 3128532
Address: 370 17TH STREET SUITE 5200 Fax:
City: DENVER State: CO Zip: 80202 Email: kstiver@civiresources.com

API Number 05-014-20849-00 County: BROOMFIELD
Well Name: INTERCHANGE A Well Number: S16-20-20N
Location: QtrQtr: SWNW Section: 10 Township: 1S Range: 68W Meridian: 6
Footage at surface: Distance: 2093 feet Direction: FNL Distance: 930 feet Direction: FWL
As Drilled Latitude: 39.980906 As Drilled Longitude: -104.993879
GPS Data: GPS Quality Value: 1.4 Type of GPS Quality Value: PDOP Date of Measurement: 10/28/2021
\*\* If directional footage at Top of Prod. Zone Dist: 460 feet Direction: FNL Dist: 62 feet Direction: FEL
\*\* If directional footage at Bottom Hole Dist: 460 feet Direction: FSL Dist: 109 feet Direction: FEL
Field Name: WATTENBERG Field Number: 90750
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 08/28/2021 Date TD: 01/15/2022 Date Casing Set or D&A: 01/16/2022
Rig Release Date: 05/28/2022 Per Rule 308A.b.

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

Total Depth MD 18212 TVD\*\* 7940 Plug Back Total Depth MD 18194 TVD\*\* 7940
Elevations GR 5236 KB 5264 Digital Copies of ALL Logs must be Attached

List All Logs Run:
CBL, MWD, (RESISTIVITY 014-20850-01)

FLUID VOLUMES USED IN DRILLING OPERATIONS
(Enter "0" if a type of a fluid was not used. Do not leave blank.)
Total Fluids (bbls): 5705 Fresh Water (bbls): 1035
Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 2900

### 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	26	16	A252	42	0	80	100	80	0	VISU
SURF	13+1/2	9+5/8	J55	36	0	1634	575	1634	0	VISU
1ST	8+1/2	5+1/2	P110	20	0	18194	2845	18194	665	CBL

Bradenhead Pressure Action Threshold   490   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	4,827		NO	NO	
SUSSEX	5,217		NO	NO	
SHANNON	5,827		NO	NO	
SHARON SPRINGS	8,081		NO	NO	
NIOBRARA	8,132		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 Interchange A S22-20-1C (014-20850-01)

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@civresources.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b><u>Attachment Checklist</u></b>			
403120689	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
403120692	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"/>
<b><u>Other Attachments</u></b>			
403120680	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403120682	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403120685	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403120687	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)