

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:

403120619

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 05-014-20763-00

County: BROOMFIELD

Well Name: INTERCHANGE A

Well Number: S22-30-5N

Location: QtrQtr: SWNW Section: 10 Township: 1S Range: 68W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 2125 feet Direction: FNL Distance: 912 feet Direction: FWL

As Drilled Latitude: 39.980819 As Drilled Longitude: -104.993939

GPS Data: GPS Quality Value: 0.9 Type of GPS Quality Value: PDOP Date of Measurement: 11/06/2019

** If directional footage at Top of Prod. Zone Dist: 150 feet Direction: FNL Dist: 1397 feet Direction: FWL
Sec: 10 Twp: 1S Rng: 68W** If directional footage at Bottom Hole Dist: 460 feet Direction: FSL Dist: 1411 feet Direction: FWL
Sec: 22 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) 09/19/2019 Date TD: 01/30/2022 Date Casing Set or D&A: 02/01/2022

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 23885 TVD** 7944 Plug Back Total Depth MD 23882 TVD** 7944

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): 5194

Fresh Water (bbls): 1335

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 2559

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	A252	42	0	80	100	80	0	VISU
SURF	13+1/2	9+5/8	J55	36	0	1628	550	1628	0	VISU
1ST	8+1/2	5+1/2	P110	20	0	23882	3815	23882	1360	CBL

Bradenhead Pressure Action Threshold 488 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	
SHARON SPRINGS			NO	NO	
PARKMAN	4,858		NO	NO	
SUSSEX	5,386		NO	NO	
SHANNON	5,773		NO	NO	
NIOBRARA	8,243		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 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 StiverTitle: Drilling Technician

Date: _____

Email: kstiver@civiresources.com

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
403120808	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
403120807	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>		
403120793	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
403120797	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
403120801	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
403120806	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)