

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:

403343488

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 05-001-10018-00 County: ADAMS
Well Name: ALMA WEST Well Number: 35W-20-04
Location: QtrQtr: SWSE Section: 25 Township: 1S Range: 66W Meridian: 6
Footage at surface: Distance: 387 feet Direction: FSL Distance: 1982 feet Direction: FEL
As Drilled Latitude: 39.929910 As Drilled Longitude: -104.721651
GPS Data: GPS Quality Value: 2.6 Type of GPS Quality Value: PDOP Date of Measurement: 08/29/2018
** If directional footage at Top of Prod. Zone Dist: 901 feet Direction: FNL Dist: 300 feet Direction: FEL
** If directional footage at Bottom Hole Dist: 944 feet Direction: FNL Dist: 301 feet Direction: FWL
Field Name: WATTENBERG Field Number: 90750
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 07/14/2018 Date TD: 12/17/2022 Date Casing Set or D&A: 12/18/2022
Rig Release Date: 01/11/2023 Per Rule 308A.b.

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

Total Depth MD 18930 TVD** 7787 Plug Back Total Depth MD 18929 TVD** 7787
Elevations GR 5176 KB 5201 Digital Copies of ALL Logs must be Attached

List All Logs Run:
CBL, MWD, (RES 001-10027)

FLUID VOLUMES USED IN DRILLING OPERATIONS
(Enter "0" if a type of a fluid was not used. Do not leave blank.)
Total Fluids (bbls): 4330 Fresh Water (bbls): 1000
Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 2350

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	53	0	114	100	114	0	VISU
SURF	13+1/2	9+5/8	J55	36	0	1594	550	1594	0	VISU
1ST	8+1/2	5+1/2	P110	20	0	18929	2950	18929	0	CBL

Bradenhead Pressure Action Threshold 478 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	4,976		NO	NO	
SUSSEX	5,464		NO	NO	
SHANNON	6,173		NO	NO	
SHARON SPRINGS	7,990		NO	NO	
NIOBRARA	8,013		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 Alma 1S-66-2524 20CDH (001-10027)

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 ?	
Attachment Checklist			
403343495	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
403343494	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"/>
Other Attachments			
403343490	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403343491	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403343492	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403343493	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)