

FORM
5A
Rev
09/20

State of Colorado
Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:
403914489

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.

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|--|---|
| 1. ECMC Operator Number: <u>10459</u> | 4. Contact Name: <u>Elaine Winick</u> |
| 2. Name of Operator: <u>EXTRACTION OIL & GAS INC</u> | Phone: <u>(303) 2947806</u> |
| 3. Address: <u>555 17TH STREET SUITE 3700</u> | Fax: _____ |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u> | Email: <u>ewinick@civiresources.com</u> |

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|---|------------------------------|
| 5. API Number <u>05-123-52411-00</u> | 6. County: <u>WELD</u> |
| 7. Well Name: <u>Jesser East</u> | Well Number: <u>3E-20-02</u> |
| 8. Location: QtrQtr: <u>NWSW</u> Section: <u>3</u> Township: <u>4N</u> Range: <u>68W</u> Meridian: <u>6</u> | |
| 9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u> | |

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 08/28/2024 End Date: 09/06/2024 Date this Formation was Completed: 10/01/2024

Perforations Top: 8892 Bottom: 19170 No. Holes: 3304 Hole size: 35/100 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 Codell with 57 stage plug and perf:
8065169 total pounds proppant pumped: 479520 pounds 40/70 mesh; 7585649 pounds 100 mesh;
255248 total bbls fluid pumped: 229171 bbls gelled fluid; 26077 bbls fresh water and 0 bbls 15% HCl Acid.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 255248 Max pressure during treatment (psi): 9791

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.85

Total acid used in treatment (bbl): 0 Number of staged intervals: 57

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

Fresh water used in treatment (bbl): 26077 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 8065169

Fracture stimulations must be reported on FracFocus.org

Test Information:

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|---------------------------------|-----------------------------------|-------------------------------------|----------------------------|---------------------|
| <u>10/10/2024</u> | Hours: <u>24</u> | Bbl oil: <u>327</u> | Mcf Gas: <u>564</u> | Bbl H2O: <u>314</u> |
| Calculated 24 hour rate: | Bbl oil: <u>327</u> | Mcf Gas: <u>564</u> | Bbl H2O: <u>314</u> | GOR: <u>1725</u> |
| Test Method: <u>flowing</u> | Casing PSI: <u>986</u> | Tubing PSI: <u>592</u> | Choke Size: <u>24/64</u> | |
| Gas Disposition: <u>SOLD</u> | Gas Type: <u>WET</u> | Btu Gas: <u>1300</u> | API Gravity Oil: <u>44</u> | |
| Tubing Size: <u>2 + 3/8</u> | Tubing Setting Depth: <u>8541</u> | Tbg setting date: <u>09/21/2024</u> | Packer Depth: <u>8540</u> | |

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:

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 |
|-------------|------------------|
| 403956513 | WELLBORE DIAGRAM |

Total Attach: 1 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|--------------------------|-----------------------|----------------------------|
| | | Stamp Upon Approval |

Total: 0 comment(s)