

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:
403914377

Date Received:
10/11/2024

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. 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>

5. API Number <u>05-001-10547-00</u>	6. County: <u>ADAMS</u>
7. Well Name: <u>Warbler</u>	Well Number: <u>13W-27-19</u>
8. Location: QtrQtr: <u>SWSE</u> Section: <u>13</u> Township: <u>1S</u> Range: <u>66W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 06/12/2024 End Date: 06/28/2024 Date this Formation was Completed: 09/14/2024

Perforations Top: 8170 Bottom: 21660 No. Holes: 4198 Hole size: 36/100 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 77 stage plug and perf:
15991620 total pounds proppant pumped: 15614870 pounds 40/70 mesh; 376750 pounds 100 mesh;
545623 total bbls fluid pumped: 507996 bbls gelled fluid; 37019 bbls fresh water and 608 bbls 15% HCl Acid.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 545623 Max pressure during treatment (psi): 9237

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): 0.90

Total acid used in treatment (bbl): 608 Number of staged intervals: 77

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

Fresh water used in treatment (bbl): 37019 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 15991620

Fracture stimulations must be reported on FracFocus.org

Test Information:

09/27/2024 Hours: 24 Bbl oil: 280 Mcf Gas: 294 Bbl H2O: 1271
Date Calculated 24 hour rate: Bbl oil: 280 Mcf Gas: 294 Bbl H2O: 1271 GOR: 1050
Test Method: flowing Casing PSI: 880 Tubing PSI: 1408 Choke Size: 20/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1400 API Gravity Oil: 42
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7823 Tbg setting date: 09/07/2024 Packer Depth: 7822

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 698 FSL & 878 FWL

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: 10/11/2024 Email ewinick@civiresources.com

ATTACHMENT LIST

Att Doc Num	Name
403914377	FORM 5A SUBMITTED
403948313	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Passed Completion review	02/20/2025

Total: 1 comment(s)