

FORM
5

Rev
12/20

State of Colorado

Energy & Carbon Management Commission

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



Document Number:

404167760

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

ECMC Operator Number: 10459 Contact Name: Kamrin Stiver
Name of Operator: EXTRACTION OIL & GAS INC Phone: (303) 3128532
Address: 555 17TH STREET SUITE 3700 Fax:
City: DENVER State: CO Zip: 80202 Email: kstiver@civiresources.com

API Number 05-123-52582-00 County: WELD
Well Name: Maverick Well Number: 2W-20-01
Location: QtrQtr: NWSE Section: 36 Township: 7N Range: 67W Meridian: 6
FNL/FSL FEL/FWL
Footage at surface: Distance: 2354 feet Direction: FSL Distance: 2120 feet Direction: FEL
As Drilled Latitude: 40.529893 As Drilled Longitude: -104.839770
GPS Data: GPS Quality Value: 1.8 Type of GPS Quality Value: PDOP Date of Measurement: 02/20/2025
FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: 2057 feet Direction: FSL Dist: 100 feet Direction: FEL
Sec: 2 Twp: 6N Rng: 67W
FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: 1671 feet Direction: FSL Dist: 286 feet Direction: FEL
Sec: 4 Twp: 6N Rng: 67W
Field Name: WATTENBERG Field Number: 90750
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 01/26/2025 Date TD: 02/01/2025 Date Casing Set or D&A: 02/02/2025
Rig Release Date: 02/19/2025 Per Rule 308A.b.

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

Total Depth MD 20944 TVD** 7231 Plug Back Total Depth MD 20934 TVD** 7231
Elevations GR 4897 KB 4922 Digital Copies of ALL Logs must be Attached

List All Logs Run:
MWD, CBL, RES

FLUID VOLUMES USED IN DRILLING OPERATIONS
(Enter "0" if a type of a fluid was not used. Do not leave blank.)
Total Fluids (bbls): 5209 Fresh Water (bbls): 2009
Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 2120

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	B	36.95	0	100	80	100	0	VISU
SURF	13+1/2	9+5/8	J55	36	0	1626	680	1626	0	VISU
1ST	8+1/2	5+1/2	P110	20	0	20934	3265	20934	1065	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 ECMC)
	Top	Bottom	DST	Cored	
SUSSEX	5,299		NO	NO	
SHANNON	6,727		NO	NO	
SHARON SPRINGS	9,430		NO	NO	
NIOBRARA	9,481		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
Open hole resistivity log with gamma ray was run on this well per rule 317.p

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 LIST

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
404167976	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
404167981	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>			
404167964	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404167967	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404167969	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404167970	LAS-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404167971	PDF-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404167974	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)