

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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Date Received:

COMPLETED INTERVAL REPORT

The Completed Interval Report, Form 5A, will be submitted by the Operator within thirty (30) days after the operations listed in Rule 416.a. The Operator will report the details of any Stimulation performed including, but not limited to, Hydraulic Fracturing Treatment and acidizing Stimulation. In order to resolve completed interval information uncertainties, the Director may require an Operator to submit further information in an additional Form 5A.

1. ECMC Operator Number: 10459

2. Name of Operator: EXTRACTION OIL & GAS INC

3. Address: 555 17TH STREET SUITE 3700
City: DENVER State: CO Zip: 80202

4. Contact Name: Elaine Winick
Phone: (303) 294-7806
Fax: _____
Email: ewinick@civiresources.com

5. API Number 05-123-52215-00

6. County: WELD

7. Well Name: Koolstra Well Number: 22W-30-01

8. Location: QtrQtr: SWNE Section: 21 Township: 4N Range: 68W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

10. If Directional, footage at Top of Prod. Zone: 503 Feet FNL 124 Feet FWL
Sec: 22 Twp: 4N Rng: 68W

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 05/15/2025 End Date: 05/31/2025 Date this Formation was Completed: 07/21/2025

Perforations Top: 7550 Bottom: 23229 No. Holes: 6065 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.

Niobrara Frac'd with 98 stage plug and perf:
18110100 total pounds proppant pumped: 18110100 pounds 100 mesh;
791032 total bbls fluid pumped: 744704 bbls gelled fluid; 46230 bbls fresh water and 98 bbls 15% HCl Acid.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 791032 Max pressure during treatment (psi): 9125

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): 0.44

Total acid used in treatment (bbl): 98 Number of staged intervals: 98

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

Fresh water used in treatment (bbl): 46230 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 18110100

Fracture stimulations must be reported on FracFocus.org

Test Information:

07/28/2025 Hours: 24 Bbl oil: 173 Mcf Gas: 140 Bbl H2O: 809
Date simulated 24 hour rate: Bbl oil: 173 Mcf Gas: 140 Bbl H2O: 809 GOR: 809
Test Method: flowing Casing PSI: 770 Tubing PSI: 1057 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1303 API Gravity Oil: 40
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7355 Tbg setting date: 07/05/2025 Packer Depth: 7353

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
404306305	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)