

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:

404482412

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 05-123-53015-00 County: WELD
Well Name: T-BONE Well Number: 22N-20-09
Location: QtrQtr: SESW Section: 28 Township: 5N Range: 66W Meridian: 6
FNL/FSL FEL/FWL
Footage at surface: Distance: 657 feet Direction: FSL Distance: 2339 feet Direction: FWL
As Drilled Latitude: 40.365062 As Drilled Longitude: -104.785696
GPS Data: GPS Quality Value: 1.2 Type of GPS Quality Value: PDOP Date of Measurement: 10/31/2025
FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: 150 feet Direction: FSL Dist: 2461 feet Direction: FWL
Sec: 22 Twp: 5N Rng: 66W
FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: 350 feet Direction: FSL Dist: 2470 feet Direction: FWL
Sec: 10 Twp: 5N Rng: 66W
Field Name: WATTENBERG Field Number: 90750
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 08/07/2025 Date TD: 10/16/2025 Date Casing Set or D&A: 10/17/2025
Rig Release Date: 10/22/2025 Per Rule 308A.b.

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

Total Depth MD 21586 TVD** 7248 Plug Back Total Depth MD 21579 TVD** 7248
Elevations GR 4813 KB 4838 Digital Copies of ALL Logs must be Attached

List All Logs Run:
CBL, MWD, 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): 6094 Fresh Water (bbls): 2120
Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 2802

Recycled Produced Water Alternative (bbls): 0

CASING, LINER AND CEMENT

<u>Casing Type</u>	<u>Size of Hole</u>	<u>Size of Casing</u>	<u>Grade</u>	<u>Wt/Ft</u>	<u>Csg/Liner Top</u>	<u>Setting Depth</u>	<u>Sacks Cmt</u>	<u>Cmt Btm</u>	<u>Cmt Top</u>	<u>Status</u>
CONDUCTOR	26	16	B	36.95	0	80	100	80	0	VISU
SURF	13+1/2	9+5/8	J55	36	0	1712	706	1712	0	VISU
1ST	8+1/2	5+1/2	P110	20	0	21579	3557	21579	920	CBL

Bradenhead Pressure Action Threshold 514 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: _____

<u>Method used</u>	<u>String</u>	<u>Cementing tool setting/perf depth</u>	<u>Cement volume</u>	<u>Cement top</u>	<u>Cement bottom</u>

Details of work:

FORMATION LOG INTERVALS AND TEST ZONES

<u>FORMATION NAME</u>	<u>Measured Depth</u>		<u>Check if applies</u>		<u>COMMENTS (All DST and Core Analysis must be submitted to ECMC)</u>
	<u>Top</u>	<u>Bottom</u>	<u>DST</u>	<u>Cored</u>	
SHARON SPRINGS	9,835		NO	NO	
NIOBRARA	9,955		NO	NO	
FORT HAYS	10,631		NO	NO	
CODELL	10,762		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@civiresources.com

ATTACHMENT LIST

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
404482418	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
404482419	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>			
404482413	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404482414	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404482415	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404482416	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404483645	LAS-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404483646	PDF-RESISTIVITY	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)