

FORM
5A
Rev
06/12

State of Colorado
Oil and Gas Conservation 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, 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. OGCC Operator Number: <u>10459</u>	4. Contact Name: <u>Elaine Winick</u>
2. Name of Operator: <u>EXTRACTION OIL & GAS INC</u>	Phone: <u>(970) 576-3461</u>
3. Address: <u>370 17TH STREET SUITE 5300</u>	Fax: <u>(970) 534-6001</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>ewinick@extractionog.com</u>

5. API Number <u>05-001-10158-01</u>	6. County: <u>ADAMS</u>
7. Well Name: <u>Duck Club</u>	Well Number: <u>12W-20-12C</u>
8. Location: QtrQtr: <u>NWSW</u> Section: <u>12</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: CODELL-FORT HAYS Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 01/23/2019 End Date: 02/03/2019 Date of First Production this formation: 04/24/2019

Perforations Top: 8512 Bottom: 18009 No. Holes: 1129 Hole size: 52/100

Provide a brief summary of the formation treatment: _____ Open Hole:

Frac'd Codell-Fort Hays with a 48 stage plug and perf:
 9,552,060# 30/50 sand proppant pumped.
 150,026 total bbls fluid pumped: 134,730 bbls gelled fluid; 15,290 bbls fresh water and 6 bbls 28% HCl Acid.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 150026 Max pressure during treatment (psi): 8525

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.33

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.82

Total acid used in treatment (bbl): 6 Number of staged intervals: 48

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 13406

Fresh water used in treatment (bbl): 15290 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 9552060 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/05/2019 Hours: 24 Bbl oil: 857 Mcf Gas: 962 Bbl H2O: 344

Calculated 24 hour rate: Bbl oil: 857 Mcf Gas: 962 Bbl H2O: 344 GOR: 1123

Test Method: flowing Casing PSI: 659 Tubing PSI: 1342 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1350 API Gravity Oil: 41

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8343 Tbg setting date: 03/26/2019 Packer Depth: 8326

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.

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 01/23/2019 End Date: 02/03/2019 Date of First Production this formation: 04/24/2019

Perforations Top: 8631 Bottom: 18009 No. Holes: 1045 Hole size: 52/100

Provide a brief summary of the formation treatment: _____ Open Hole:

Perforated Codell from 8631 - 10781; 11100 - 11279; 11408 - 17793; 18002 - 18009 with a total of 1045 holes.

This formation is commingled with another formation: Yes No

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

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

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

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

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____

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

Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

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.

FORMATION: FORT HAYS Status: COMMINGLED Treatment Type: FRACTURE STIMULATION
 Treatment Date: 01/23/2019 End Date: 02/03/2019 Date of First Production this formation: 04/24/2019
 Perforations Top: 8512 Bottom: 17952 No. Holes: 84 Hole size: 52/100

Provide a brief summary of the formation treatment:

Open Hole:

Perforated Fort Hays from 8512 - 8608; 10803 - 11077; 11301 - 11385; 17816 - 17952 with a total of 84 holes.

This formation is commingled with another formation: Yes No

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

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

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

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

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____

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

Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

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: 475 FSL & 2148 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: _____ Email ewinick@extractionog.com

Attachment Check List

Att Doc Num	Name
402041476	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)