

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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Document Number:

401979520

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: 10459

2. Name of Operator: EXTRACTION OIL & GAS INC

3. Address: 370 17TH STREET SUITE 5300

City: DENVER State: CO Zip: 80202

4. Contact Name: Elaine Winick

Phone: (970) 576-3461

Fax: (970) 534-6001

Email: ewinick@extractionog.com

5. API Number 05-001-10158-01

7. Well Name: Duck Club

8. Location: QtrQtr: NWSW Section: 12 Township: 1S Range: 66W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: ADAMS

Well Number: 12W-20-12C

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: <input type="checkbox"/>	
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:				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input checked="" type="checkbox"/>			
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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
Date formation Abandoned:	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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)