

FORM
5

Rev
10/14

State of Colorado Oil and Gas Conservation Commission

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



Document Number:

402244424

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

OGCC Operator Number: <u>10459</u>	Contact Name: <u>Kamrin Ruder</u>
Name of Operator: <u>EXTRACTION OIL & GAS INC</u>	Phone: <u>(720) 9747743</u>
Address: <u>370 17TH STREET SUITE 5300</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>kruder@extractionog.com</u>

API Number <u>05-014-20749-00</u>	County: <u>BROOMFIELD</u>
Well Name: <u>Livingston</u>	Well Number: <u>S19-25-11C</u>
Location: QtrQtr: <u>NWSE</u> Section: <u>7</u> Township: <u>1S</u> Range: <u>68W</u> Meridian: <u>6</u>	
	FNL/FSL FEL/FWL
Footage at surface: Distance: <u>2331</u> feet Direction: <u>FSL</u> Distance: <u>1348</u> feet Direction: <u>FEL</u>	
As Drilled Latitude: <u>39.978563</u> As Drilled Longitude: <u>-105.039478</u>	

GPS Data:

Date of Measurement: <u>11/18/2019</u>	PDOP Reading: <u>1.4</u>	GPS Instrument Operator's Name: <u>JAYME HOBIN</u>
	FNL/FSL	FEL/FWL

** If directional footage at Top of Prod. Zone	Dist: <u>2466</u> feet	Direction: <u>FSL</u>	Dist: <u>1455</u> feet	Direction: <u>FEL</u>
Sec: <u>7</u>	Twp: <u>1S</u>	Rng: <u>68W</u>		
		FNL/FSL		FEL/FWL

** If directional footage at Bottom Hole	Dist: <u>505</u> feet	Direction: <u>FSL</u>	Dist: <u>1517</u> feet	Direction: <u>FEL</u>
Sec: <u>19</u>	Twp: <u>1S</u>	Rng: <u>68W</u>		

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 06/11/2019 Date TD: 09/17/2019 Date Casing Set or D&A: 09/18/2019

Rig Release Date: 11/14/2019 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 21226 TVD** 8379 Plug Back Total Depth MD 21215 TVD** 8379

Elevations GR 5324 KB 5343 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:

CBL, MUD, MWD, (RESISTIVITY 014-20753)

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	24	16	42	0	80	100	0	80	VISU
SURF	12+1/4	9+5/8	36	0	1,596	525	0	1,596	VISU
1ST	8+1/2	5+1/2	20	0	21,215	3,497	2,320	21,215	CBL

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 COGCC)
	Top	Bottom	DST	Cored	
PARKMAN	4,667		NO	NO	
SUSSEX	5,039		NO	NO	
SHANNON	5,593		NO	NO	
SHARON SPRINGS	7,915		NO	NO	
NIOBRARA	7,925		NO	NO	
FORT HAYS	8,389		NO	NO	
CODELL	8,449		NO	NO	
CARLILE	8,495		NO	NO	

Operator Comments:

The TPZ footages are estimates calculated through Directional Plotting Software—from where the production string (5 ½" casing) is greater than or equal to 150' south of the center line of section 7, Township 1S, Range 68W. The actual footages will be submitted with the Form 5A.

Alternative Logging Program- No open hole resistivity log with gamma ray was run on this well. Resistivity ran on Livingston S19-25-2C (014-20753)

Additional Formation Information:

Fort Hays:
 9602-9653
 12070-12207
 13140-13489
 15826-16032
 19893-20082
 Carlile:
 8495-9146

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Kamrin Ruder

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
402244426	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402280237	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"/>
Other Attachments			
402279235	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402279241	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402280232	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402280235	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402280236	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)

