

FORM  
5Rev  
11/20

## 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:

402556825

Date Received:

12/18/2020

## 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: 10459

Contact Name: Kamrin Stiver

Name of Operator: EXTRACTION OIL &amp; GAS INC

Phone: (720) 9747743

Address: 370 17TH STREET SUITE 5200

Fax:

City: DENVER

State: CO

Zip: 80202

Email: kstiver@extractionog.com

API Number 05-123-48591-00

County: WELD

Well Name: Schlotthauer

Well Number: 23E-20-3N

Location: QtrQtr: SWSW

Section: 23

Township: 7N

Range: 67W

Meridian: 6

FNL/FSL

FEL/FWL

Footage at surface: Distance: 352 feet

Direction: FSL

Distance: 1252 feet

Direction: FWL

As Drilled Latitude: 40.553376

As Drilled Longitude: -104.865423

GPS Data: GPS Quality Value: 1.5 Type of GPS Quality Value: PDOP

Date of Measurement: 11/16/2020

FNL/FSL

FEL/FWL

\*\* If directional footage at Top of Prod. Zone

Dist: 634 feet

Direction: FSL

Dist: 1158 feet

Direction: FWL

Sec: 23

Twp: 7N

Rng: 67W

FNL/FSL

FEL/FWL

\*\* If directional footage at Bottom Hole

Dist: 634 feet

Direction: FSL

Dist: 1158 feet

Direction: FWL

Sec: 23

Twp: 7N

Rng: 67W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 10/17/2020

Date TD: 10/17/2020

Date Casing Set or D&amp;A: 10/18/2020

Rig Release Date: 10/18/2020 Per Rule 308A.b.

Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 1623

TVD\*\* 1578

Plug Back Total Depth MD 1623

TVD\*\* 1578

Elevations GR 4959

KB 4973

Digital Copies of ALL Logs must be Attached



List All Logs Run:

### 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	24	16	J55	42	0	80	100	80	0	VISU
SURF	12+1/4	9+5/8	J55	36	0	1623	550	1623	0	VISU

Bradenhead Pressure Action Threshold 487 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: \_\_\_\_\_

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	

Operator Comments:

Drilling was suspended after setting surface on this well due to economic and logistical reasons. Extraction plans to complete drilling operations on this well third quarter 2021.

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: 12/18/2020 Email: kstiver@extractionog.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
402557466	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402557553	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
402556825	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402557552	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)

