

DRILLING COMPLETION REPORT

Document Number:
401806266

Date Received:

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type Final completion Preliminary completion

OGCC Operator Number: 10459 Contact Name: Kamrin Ruder
 Name of Operator: EXTRACTION OIL & GAS INC Phone: (720) 9747743
 Address: 370 17TH STREET SUITE 5300 Fax: _____
 City: DENVER State: CO Zip: 80202

API Number 05-123-47474-00 County: WELD
 Well Name: Rinn Valley West Well Number: 18N-25-02C
 Location: QtrQtr: SESE Section: 18 Township: 2N Range: 68W Meridian: 6
 Footage at surface: Distance: 205 feet Direction: FSL Distance: 673 feet Direction: FEL
 As Drilled Latitude: _____ As Drilled Longitude: _____

GPS Data:
 Date of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____

** If directional footage at Top of Prod. Zone Dist.: 467 feet. Direction: FSL Dist.: 455 feet. Direction: FEL
 Sec: 18 Twp: 2N Rng: 68W
 ** If directional footage at Bottom Hole Dist.: 2118 feet. Direction: FSL Dist.: 475 feet. Direction: FEL
 Sec: 6 Twp: 2N Rng: 68W

Field Name: WATTENBERG Field Number: 90750
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 08/29/2018 Date TD: 09/05/2018 Date Casing Set or D&A: 09/06/2018
 Rig Release Date: 09/21/2018 Per Rule 308A.b.

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

Total Depth MD 20117 TVD** 7108 Plug Back Total Depth MD 20102 TVD** 7108
 Elevations GR 4941 KB 4966 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, MUD, MWD, (DIL in API 123-47175)

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
1ST	8+1/2	5+1/2	20	0	20,102	3,430	3,470	20,102	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	3,800		NO	NO	
SUSSEX	4,239		NO	NO	
SHANNON	4,748		NO	NO	
SHARON SPRINGS	7,169		NO	NO	
NIOBRARA	7,291		NO	NO	
FORT HAYS	7,753		NO	NO	
CODELL	8,304		NO	NO	

Comment:

The TPZ footages are estimates calculated through Directional Plotting Software—from where the production string (5 ½" casing) crosses the 460' setback hardline. The actual footages will be submitted with the Form 5A.
No open hole resistivity log with gamma ray was run on this well.
DIL ran on Rinn Valley East N17-20-15C (123-47175)
Surface Lat/Long updates will be submitted via sundry.
Surface Casing Cement Summary will be submitted via sundry.

Additional Formation Information:

Fort Hays:
7969-8314
11490-11607
19703-19834

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

Title: Drilling Technician

Date: _____

Email: kruder@extractionog.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401818002	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401818003	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			
401806644	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401806652	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401806654	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401817905	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401818000	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)

