

FORM  
5

Rev  
02/20

# 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:

402316483

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 &amp; 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>05-014-20786-00</u>	County: <u>BROOMFIELD</u>
Well Name: <u>NORTHWEST A</u>	Well Number: <u>S20-25-12N</u>
Location: QtrQtr: <u>NWNW</u> Section: <u>9</u> Township: <u>1S</u> Range: <u>68W</u> Meridian: <u>6</u>	
	FNL/FSL <span style="float: right;">FEL/FWL</span>
Footage at surface: Distance: <u>1281</u> feet Direction: <u>FNL</u> Distance: <u>849</u> feet Direction: <u>FWL</u>	
As Drilled Latitude: <u>39.983180</u> As Drilled Longitude: <u>-105.012793</u>	
GPS Data: GPS Quality Value: <u>1.5</u> Type of GPS Quality Value: <u>PDOP</u> Date of Measurement: <u>10/03/2019</u>	
GPS Instrument Operator's Name: <u>DANIEL SULLIVAN</u>	FNL/FSL <span style="float: right;">FEL/FWL</span>
** If directional footage at Top of Prod. Zone Dist: <u>480</u> feet Direction: <u>FNL</u> Dist: <u>2117</u> feet Direction: <u>FEL</u>	
Sec: <u>8</u> Twp: <u>1S</u> Rng: <u>68W</u>	FNL/FSL <span style="float: right;">FEL/FWL</span>
** If directional footage at Bottom Hole Dist: <u>2145</u> feet Direction: <u>FNL</u> Dist: <u>2116</u> feet Direction: <u>FEL</u>	
Sec: <u>20</u> Twp: <u>1S</u> Rng: <u>68W</u>	
Field Name: <u>WATTENBERG</u> Field Number: <u>90750</u>	
Federal, Indian or State Lease Number: _____	

Spud Date: (when the 1st bit hit the dirt) 08/31/2019 Date TD: 01/03/2020 Date Casing Set or D&A: 01/04/2020  
 Rig Release Date: 01/11/2020 Per Rule 308A.b.

Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

Total Depth MD 21610 TVD\*\* 7889 Plug Back Total Depth MD 21602 TVD\*\* 7889

Elevations GR 5314 KB 5343

Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:

CBL, MUD, MWD, (RESISTIVITY 014-20789)

**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	1,592	625	0	1,592	VISU
1ST	8+1/2	5+1/2	20	0	21,602	3,518	3,690	21,602	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	5,357		NO	NO	
SUSSEX	5,831		NO	NO	
SHANNON	6,605		NO	NO	
SHARON SPRINGS	9,013		NO	NO	
NIOBRARA	9,051		NO	NO	

Operator Comments:

The TPZ footages are estimates calculated through Directional Plotting Software—from where the production string (5 1/2" casing) crosses the setback hardline. 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 Northwest A S20-25 -11C (014-20789)

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 ?	
<b><u>Attachment Checklist</u></b>			
402325679	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402325678	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"/>
<b><u>Other Attachments</u></b>			
402317290	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402317292	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402325673	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402325675	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402325676	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)

