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) 89 2109

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OE ES

Document Number:

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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.

Date Received:

1. OGCC Operator Number: 10459 4. Contact Name: Elaine Winick								
2. Name of Operator: EXTRACTION OIL & GAS INC	Phone: (970) 576-3461							
3. Address: 370 17TH STREET SUITE 5300	Fax: (970) 534-6001							
City: DENVER State: CO Zip: 80202	Email: ewinick@extractionog.com							
5 ADI Niveshar	C County was 5							
5. API Number05-123-45039-00	6. County: WELD							
7. Well Name: AD FED DOUBLE CLUTCH	Well Number: <u>20W-25-9</u>							
8. Location: QtrQtr: NWSW Section: 21 Township: 5N	Range: 65W Meridian: 6							
9. Field Name: WATTENBERG Field Code: 9	0750							
								

Completed Interval												
FORMATION: NIOI	BRARA			Status: PF	RODUCII	NG			Treatment Type	: FRACTI	JRE STIMULA	ATION
Treatment Date:	03/24/20	20	End Date	04/02	2/2020	_	Date of	First Pro	duction this for	mation:	07/24/20	20
Perforations	Top:	7279	Bottom:	19642		No. Ho	oles:1	591	Hole size	: 40/1	00	
Provide a brief sun	nmary of th	e formati	on treatment:			Open Ho	ole:					
Frac'd Niobrara with 54 stage plug and perf: 13375240 total pounds proppant pumped: 6749730 pounds 40/70 mesh; 6625510 pounds 30/50 mesh. 170309 total bbls fluid pumped: 144977 bbls gelled fluid; 25145 bbls fresh water and 187 bbls 28% HCl Acid.												
This formation is co	ommingled	with ano	ther formation:		Yes	X No						
Total fluid used in treatment (bbl): 170309 Max pressure during treatment (psi): 9280												
Total gas us	sed in treat	ment (mo	ef): 0				Fluid	density at	initial fracture	(lbs/gal):	8.30	
Type of	gas used ir	treatme	nt:	_	Min frac gradient (psi/ft): 0.96							
Total acid u	sed in trea	tment (bb	ol): 187		Number of staged intervals: 54							
Recycled water u	sed in trea	tment (bb	ol): 0				F	lowback v	volume recover	ed (bbl):	25353	
Fresh water u	sed in trea	tment (bb	ol): 25145			Dispositio	n method	for flowb	ack: DISPOS	AL		
Tota	al proppant	used (lb	s): 13375240	_	Rule	e 805 gre	en compl	etion tech	nniques were u	tilized:	X	
				 Re	ason wh	hy green	completic	n not util	ized:			
		Fractu	re stimulations	must be	e repor	ted on Fı	racFocus	.org				
Test Information:												
Date: 08/05/202		Hours:	24	Bbl oil:	425		Mcf Ga	s: 3022) F	3bl H2O:	151	
		_		_		-						
Calculated 24 hour	rate:	Bbl oil: _		cf Gas: _		-	Bbl H20			GOR:		
Test Method: flow	ing			ng PSI: _	2885	_ T -	Tubing PS	SI: 2550		ke Size:	-	_
Gas Disposition:	SOLD		Ga	s Type: _	WET		Btu Ga	s: 1247	API Gra	avity Oil:	55	
Tubing Size: 2 -	+ 3/8 T	ubing Set	tting Depth:	7252	Tbg	setting d	late: 0	7/02/202	0 Packe	r Depth:		
Reason for Non-Pr	oduction:											
Date formation Aba	andoned:		Squeez	e:	Yes	No	If y	yes, num	ber of sacks cm	nt		
** Bridge Plug Depth:												
Comment:												
TPZ: 2199 FSL & 513 FEL												
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: Completi	ions Tech		Date):		I	Email ev	vinick@e	xtractionog.con	n		
						:						
Attachment Check List												
Att Doc Num	<u>Name</u>											
402459381	WELLI	BORE D	IAGRAM									
Total Attach: 1 Files												

	General Comments	
User Group	<u>Comment</u>	Comment Date
		Stamp Upon Approval
Total: 0 comme	nt(s)	