

FORM
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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:

402241064

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>10669</u>	Contact Name: <u>JENNIFER LIND</u>
Name of Operator: <u>NICKEL ROAD OPERATING LLC</u>	Phone: <u>(303) 406-1117</u>
Address: <u>1600 STOUT STREET SUITE 1850</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>JENNIFER.LIND@NICKELROADOPE RATING.COM</u>

API Number <u>05-123-46785-00</u>	County: <u>WELD</u>
Well Name: <u>DRAKE</u>	Well Number: <u>5X-HC-11-07-67</u>
Location: QtrQtr: <u>NWSE</u> Section: <u>12</u> Township: <u>7N</u> Range: <u>67W</u> Meridian: <u>6</u>	
	FNL/FSL FEL/FWL
Footage at surface: Distance: <u>2369</u> feet Direction: <u>FSL</u> Distance: <u>1708</u> feet Direction: <u>FEL</u>	
As Drilled Latitude: <u>40.588037</u> As Drilled Longitude: <u>-104.837960</u>	

GPS Data:

Date of Measurement: <u>10/21/2019</u>	PDOP Reading: <u>1.3</u>	GPS Instrument Operator's Name: <u>DAHLMAN</u>
	FNL/FSL	FEL/FWL

** If directional footage at Top of Prod. Zone	Dist: <u>2531</u> feet	Direction: <u>FSL</u>	Dist: <u>559</u> feet	Direction: <u>FEL</u>
	Sec: <u>12</u>	Twp: <u>7N</u>	Rng: <u>67W</u>	
		FNL/FSL		FEL/FWL

** If directional footage at Bottom Hole	Dist: <u>2464</u> feet	Direction: <u>FSL</u>	Dist: <u>419</u> feet	Direction: <u>FWL</u>
	Sec: <u>11</u>	Twp: <u>7N</u>	Rng: <u>67W</u>	

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) <u>08/13/2019</u>	Date TD: <u>08/21/2019</u>	Date Casing Set or D&A: <u>08/22/2019</u>
Rig Release Date: <u>09/06/2019</u>	Per Rule 308A.b.	

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD <u>17670</u> TVD** <u>7181</u>	Plug Back Total Depth MD <u>17607</u> TVD** <u>7181</u>
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Elevations GR <u>5088</u> KB <u>5111</u>	Digital Copies of ALL Logs must be Attached per Rule 308A <input checked="" type="checkbox"/>
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List Electric Logs Run:

CBL, MWD/LWD, RES/GR IN 123-46783

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	26	16	42	0	80	216	0	80	VISU
SURF	13+1/5	9+5/8	36	0	1,558	395	0	1,558	VISU
1ST	8+1/2	5+1/2	20	0	17,670	2,545	1,260	17,670	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	3,846		NO	NO	
SUSSEX	4,692		NO	NO	
SHANNON	5,096		NO	NO	
SHARON SPRINGS	7,478		NO	NO	
NIOBRARA	7,510		NO	NO	
FORT HAYS	7,951		NO	NO	
CODELL	8,063		NO	NO	

Operator Comments:

Surface hole coordinates provided on the Well Information tab are actual, as drilled coordinates. TPZ Footages are actual, calculated using top perf (at 8077') and directional survey data. Footages from section lines for the last perf (17,575') are 2464' FSL / 514' FWL of Sec.11-T7N-R67W.

Open Hole Logging Exception - No Open Hole Logs were Run on this well. Gamma Ray / Resistivity ran in Drake 4X-HNC-11-07-67 (API 05-123-46783-00). Production cement returns to surface, TOC located from CBL.

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

Signed: _____

Print Name: JENNIFER LIND

Title: REG & ENV MANAGER

Date: _____

Email: JENNIFER.LIND@NICKELROADOPERATING.CO

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
402243045	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402243046	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"/>
<u>Other Attachments</u>			
402243047	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402243049	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402243058	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402243066	LAS-MWD/LWD	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)

