

Document Number:
402241116

Date Received:

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.

1. OGCC Operator Number: 10669 4. Contact Name: JENNIFER LIND
 2. Name of Operator: NICKEL ROAD OPERATING LLC Phone: (303) 406-1117
 3. Address: 1600 STOUT STREET SUITE 1850 Fax: _____
 City: DENVER State: CO Zip: 80202 Email: JENNIFER.LIND@NICKELROADOPERATING.COM

5. API Number 05-123-46785-00 6. County: WELD
 7. Well Name: DRAKE Well Number: 5X-HC-11-07-67
 8. Location: QtrQtr: NWSE Section: 12 Township: 7N Range: 67W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION
 Treatment Date: 09/22/2019 End Date: 10/01/2019 Date of First Production this formation: 10/23/2019
 Perforations Top: 8077 Bottom: 17575 No. Holes: 1536 Hole size: 0.35

Provide a brief summary of the formation treatment: _____ Open Hole:
 Frac'd with 327,924 bbls HVFR slickwater, 8,419,745 lbs of proppant (10% 100 mesh white sand / 90 % 40/70 white sand)

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 327924 Max pressure during treatment (psi): 8521
 Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.40
 Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.95
 Total acid used in treatment (bbl): _____ Number of staged intervals: 50
 Recycled water used in treatment (bbl): 327448 Flowback volume recovered (bbl): 10277
 Fresh water used in treatment (bbl): _____ Disposition method for flowback: DISPOSAL
 Total proppant used (lbs): 8419745 Rule 805 green completion techniques were utilized:
 Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 11/15/2019 Hours: 24 Bbl oil: 297 Mcf Gas: 198 Bbl H2O: 310
 Calculated 24 hour rate: Bbl oil: 297 Mcf Gas: 198 Bbl H2O: 310 GOR: 667
 Test Method: FLOWING Casing PSI: 1382 Tubing PSI: 1855 Choke Size: 12/64
 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1000 API Gravity Oil: 46
 Tubing Size: 2 + 7/8 Tubing Setting Depth: 7699 Tbg setting date: 10/19/2019 Packer Depth: _____
 Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____
 ** Bridge Plug Depth: _____ ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

Comment:

Wellbore diagram attached.

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.
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402243318	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)