

FORM
5Rev
11/20

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:

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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: 10669

Contact Name: JENNIFER LIND

Name of Operator: NICKEL ROAD OPERATING LLC

Phone: (303) 406-1117

Address: 1600 STOUT STREET SUITE 1850

Fax:

City: DENVER State: CO Zip: 80202

Email: JENNIFER.LIND@NICKELROADOPERATING.COM

API Number 05-123-49440-00

County: WELD

Well Name: DEHAAN

Well Number: 3X-HNB-16-07-65

Location: QtrQtr: NWNW Section: 17 Township: 7N Range: 65W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 1244 feet Direction: FNL Distance: 944 feet Direction: FWL

As Drilled Latitude: As Drilled Longitude:

GPS Data: GPS Quality Value: Type of GPS Quality Value: Date of Measurement:

** If directional footage at Top of Prod. Zone Dist: feet Direction: Dist: feet Direction:
FNL/FSL FEL/FWL

Sec: Twp: Rng:

** If directional footage at Bottom Hole Dist: feet Direction: Dist: feet Direction:
FNL/FSL FEL/FWL

Sec: Twp: Rng:

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 09/08/2020 Date TD: 09/09/2020 Date Casing Set or D&A: 09/10/2020

Rig Release Date: 09/10/2020 Per Rule 308A.b.

Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 1547 TVD** 1533 Plug Back Total Depth MD 1507 TVD** 1493

Elevations GR 4894 KB 4909

Digital Copies of ALL Logs must be Attached ☐

List All Logs Run:

FLUID VOLUMES USED IN DRILLING OPERATIONS

(Enter "0" if a type of a fluid was not used. Do not leave blank.)

Total Fluids (bbls): Fresh Water (bbls):

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls):

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Grade	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top	Status
CONDUCTOR	24	16	N/A	20	0	80	100	80	0	VISU
SURF	13+1/2	9+5/8	J-55	36	0	1547	716	1547	0	VISU

Subsurface hazards include, but are not limited to, the following: overpressured zones, underpressured zones, major geologic faults, salt sections, H2S at concentrations greater than or equal to 100 ppm.

Bradenhead Pressure Action Threshold 464 psig

This threshold is calculated per Rule 308A.b.(2)G. If this well is located in a bradenhead test area (see Rule 207.b) per an Order of the Commission, it may be subject to a different threshold.

Does the casing centralization comply with Rule 317.g? Yes

If "NO", provide details below.

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	

Operator Comments:

Date of activity suspension: 9/10/2020
Reason for suspension: sourcing long-string drilling rig
Anticipated date and method of resumption of drilling: January 1, 2020
Work performed to date: surface spud, surface hole drilled and cased / cemented to 1547', 50 bbls cement returned to surface
Attachments:
Surface cement job summary

Directional survey and as-drilled lat / longs for this well will be provided with the Final Form 5 submittal.

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: VP REG & ENV Date: _____ Email: JENNIFER.LIND@NICKELROADOPERATING.CO

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
402529262	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

General Comments

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

Total: 0 comment(s)

