

FORM
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Rev
12/20

State of Colorado Oil and Gas Conservation Commission

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Document Number:

402771112

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: Erin Lind
Name of Operator: NICKEL ROAD OPERATING LLC Phone: (314) 374-5572
Address: 44 COOK ST STE 705 Fax: _____
City: DENVER State: CO Zip: 80206 Email: erin.lind@nickelroadoperating.com

API Number 05-123-51473-00 County: WELD
Well Name: BLEHM Well Number: 6X-HNB-10-07-67
Location: QtrQtr: NENE Section: 9 Township: 7N Range: 67W Meridian: 6
FNL/FSL FEL/FWL
Footage at surface: Distance: 542 feet Direction: FNL Distance: 712 feet Direction: FEL
As Drilled Latitude: 40.594467 As Drilled Longitude: -104.891196
GPS Data: GPS Quality Value: 1.5 Type of GPS Quality Value: PDOP Date of Measurement: 07/02/2021

FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: 1569 feet Direction: FSL Dist: 460 feet Direction: FWL
Sec: 9 Twp: 7N Rng: 67W

FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: 1551 feet Direction: FSL Dist: 374 feet Direction: FEL
Sec: 10 Twp: 7N Rng: 67W

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 05/02/2021 Date TD: 05/18/2021 Date Casing Set or D&A: 05/19/2021

Rig Release Date: 06/29/2021 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 19293 TVD** 6964 Plug Back Total Depth MD 19239 TVD** 6964

Elevations GR 5094 KB 5121 Digital Copies of ALL Logs must be Attached

List All Logs Run:

CBL, MWD/LWD, MUD, RES/GR IN API # 123-51479-00

FLUID VOLUMES USED IN DRILLING OPERATIONS

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

Total Fluids (bbls): 1652 Fresh Water (bbls): 302

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 0

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	H-40	43	0	80	100	80	0	VISU
SURF	13+1/5	9+5/8	J-55	36	0	1704	625	1704	0	VISU
1ST	8+1/2	5+1/2	HCP110	20	0	19264	3050	19264	0	CBL

Bradenhead Pressure Action Threshold 511 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	
PARKMAN	4,218		NO	NO	
SUSSEX	5,449		NO	NO	
SHANNON	5,976		NO	NO	
SHARON SPRINGS	9,204		NO	NO	
NIOBRARA	9,273		NO	NO	

Operator Comments:

SURFACE HOLE COORDINATES PROVIDED ON THE WELL INFORMATION TAB ARE ACTUAL, AS-DRILLED COORDINATES.

THE PORTION OF THE WELLBORE DRILLED BEYOND THE 460' DSU SETBACK WILL NOT BE COMPLETED. TPZ FOOTAGES ARE ESTIMATED AS THE WELL HAS NOT YET BEEN COMPLETED. ACTUAL TPZ AND BPZ FOOTAGES WILL BE PROVIDED WITH THE FORM 5A SUBMITTAL.

ALTERNATIVE LOGGING PROGRAM – NO OPEN HOLE LOGS WERE RUN ON THIS WELL. RESISTIVITY WITH GAMMA RAY LOG WAS RUN ON THE BLEHM 5X-HC-10-07-67 (API # 123-51479-00).

PRODUCTION CEMENT RETURNS OF 50 BBLs TO SURFACE, CEMENT JOB REPORT ATTACHED.

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

Signed: _____

Print Name: Erin Lind

Title: Senior Regulatory Analyst

Date: _____

Email: erin.lind@nickelroadoperating.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
402773286	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402773283	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>			
402773273	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402773278	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402773279	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402773281	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402773284	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)