

FORM
5

Rev
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:

402506179

Date Received:

11/10/2020

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: 44 COOK ST STE 705 Fax: _____
City: DENVER State: CO Zip: 80206 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: _____

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

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

CASING, LINER AND CEMENT

<u>Casing Type</u>	<u>Size of Hole</u>	<u>Size of Casing</u>	<u>Grade</u>	<u>Wt/Ft</u>	<u>Csg/Liner Top</u>	<u>Setting Depth</u>	<u>Sacks Cmt</u>	<u>Cmt Btm</u>	<u>Cmt Top</u>	<u>Status</u>
CONDUCTOR	24	16	N/A	20	0	80	100	80	0	VISU
SURF	13+1/2	9+5/8	J-55	36	0	1547	600	1547	0	VISU

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: 11/10/2020 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"/>
<u>Other Attachments</u>			
402506179	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	Revised cement quantity on the surface casing to agree with the surface casing cement job summary attached to this form.	12/16/2021

Total: 1 comment(s)