

FORM
5Rev
12/20**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:

403084045

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: (303) 2267375

Address: 44 COOK ST STE 705

Fax:

City: DENVER

State: CO

Zip: 80206

Email: erin.lind@nickelroadoperating.com

API Number 05-123-51520-00

County: WELD

Well Name: REEMAN

Well Number: 6X-HNC-04-06-65

Location: QtrQtr: SENW Section: 5 Township: 6N Range: 65W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 2052 feet Direction: FNL Distance: 1450 feet Direction: FWL

As Drilled Latitude: 40.518500 As Drilled Longitude: -104.691629

GPS Data: GPS Quality Value: 1.6 Type of GPS Quality Value: PDOP Date of Measurement: 04/06/2022

** 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: FNL/FSL FEL/FWL

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 03/22/2022 Date TD: 03/22/2022 Date Casing Set or D&A: 03/23/2022

Rig Release Date: 03/23/2022 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 1753 TVD** 1743 Plug Back Total Depth MD 1715 TVD** 1703

Elevations GR 4816 KB 4833

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): 310

Fresh Water (bbls): 310

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	N/A	20	0	80	100	80	0	VISU
SURF	13+1/2	9+5/8	J55	36	0	1753	600	1753	0	VISU

Bradenhead Pressure Action Threshold 526 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:

The date drilling activity was suspended: 5/21/22
The reason for the suspension: Pending Form 9 (Doc # 403067246) transfer
The anticipated date and method of resumption of drilling: TBD, pending Form 9 (Doc # 403067246) transfer
The details of all work performed to date: surface spud, surface hole drilled and cased / cemented to 1753', 20 bbls of cement returned to surface

Directional survey 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: Erin LindTitle: Senior Regulatory Analyst Date: _____ Email: erin.lind@nickelroadoperating.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
403084115	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)