

FORM
5Rev
12/20

State of Colorado

Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

402771130

Date Received:

08/16/2021

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

ECMC Operator Number: 10669

Contact Name: Erin Lind

Name of Operator: NICKEL ROAD OPERATING LLC

Phone: (314) 374-5572

Address: 3773 CHERRY CRK NORTH DR #670

Fax:

City: DENVER

State: CO

Zip: 80209

Email: erin.lind@nickelroadoperating.com

API Number 05-123-51466-00

County: WELD

Well Name: BLEHM

Well Number: 8X-HNB-10-07-67

Location: QtrQtr: NENE

Section: 9

Township: 7N

Range: 67W

Meridian: 6

FNL/FSL

FEL/FWL

Footage at surface: Distance: 575 feet

Direction: FNL

Distance: 664 feet

Direction: FEL

As Drilled Latitude: 40.594378

As Drilled Longitude: -104.891020

GPS Data: GPS Quality Value: 2.5 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: 684 feet

Direction: FSL

Dist: 479 feet

Direction: FWL

Sec: 9

Twp: 7N

Rng: 67W

FNL/FSL

FEL/FWL

** If directional footage at Bottom Hole

Dist: 706 feet

Direction: FSL

Dist: 394 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) 04/30/2021

Date TD: 06/02/2021

Date Casing Set or D&A: 06/02/2021

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 19546

TVD** 7008

Plug Back Total Depth MD 19505

TVD** 7008

Elevations GR 5088

KB 5115

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): 1690

Fresh Water (bbls): 321

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

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 | H-40 | 43 | 0 | 80 | 100 | 80 | 0 | VISU |
| SURF | 13+1/2 | 9+5/8 | J-55 | 36 | 0 | 1811 | 625 | 1811 | 0 | VISU |
| 1ST | 8+1/2 | 5+1/2 | HCP110 | 20 | 0 | 19530 | 3075 | 19530 | 0 | CBL |

Bradenhead Pressure Action Threshold 543 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 ECMC) |
|----------------|----------------|--------|------------------|-------|--|
| | Top | Bottom | DST | Cored | |
| PARKMAN | 4,436 | | NO | NO | |
| SUSSEX | 5,665 | | NO | NO | |
| SHANNON | 6,172 | | NO | NO | |
| SHARON SPRINGS | 9,429 | | NO | NO | |
| NIOBRARA | 9,509 | | 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 20 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: 8/16/2021

Email: erin.lind@nickelroadoperating.com

ATTACHMENT LIST

| Att Doc Num | Document Name | attached ? | | | |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| 402775141 | CMT Summary * | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 402775143 | CMT Summary * | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| | Core Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| 402773394 | 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> | | | | | |
| 402771130 | FORM 5 SUBMITTED | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 402773381 | PDF-CEMENT BOND | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 402773388 | LAS-GAMMA RAY | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 402773389 | PDF-GAMMA RAY | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 402773390 | PDF-MUD | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 402773395 | DIRECTIONAL DATA | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|--------------------------|--|----------------------------|
| Engineer | 1/22/2025 --GL and KB on Drlg tab do not match attached documents. Emailed operator. --actual TPA entered from Form 5A, document #402847937 2/8/2025-per operator, updated GL and KB on Drlg tab to match attached documents. Passed form. | 01/22/2025 |
| Engineer | SHL location for directional data same as 123-51531 | 03/23/2022 |

Total: 2 comment(s)