

FORM
5

Rev
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:

403008713

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: 10112 Contact Name: Reggie Schmidt
Name of Operator: FOUNDATION ENERGY MANAGEMENT LLC Phone: (940) 2491155
Address: 5057 KELLER SPRINGS RD STE 650 Fax: _____
City: ADDISON State: TX Zip: 75001 Email: rschmidt@foundationenergy.com

API Number 05-123-30654-00 County: WELD
Well Name: CHALK Well Number: 31-13
Location: QtrQtr: SWSW Section: 31 Township: 8N Range: 59W Meridian: 6
FNL/FSL _____ FEL/FWL _____
Footage at surface: Distance: 620 feet Direction: FSL Distance: 620 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: CROW Field Number: 13600

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 10/17/2009 Date TD: 10/26/2009 Date Casing Set or D&A: _____

Rig Release Date: 10/27/2009 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 7018 TVD** _____ Plug Back Total Depth MD 6978 TVD** _____

Elevations GR 4957 KB 4969 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

<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>
1ST	7+6/8	5+1/2	j55	15.5	0	7001	200	7001	5580	

Bradenhead Pressure Action Threshold _____ 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: 03/16/2022

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST		50	3,412	3,428

Details of work:

Set packer 210' above HIC, pumped injection rate/spacer, mix & pumped 50 sx 15.8 ppg cement, displaced w/ 14bbl of fresh water to clear EOT. Stage 1 bbl to 500 psi, let sit for 1/2 hour, holding solid, released pressure, released packer, TOOH tbg w/ packer, top off csg with fresh water, pressure up to 450 psi/20 min, bleed down to 100 psi, shut well in, drained pump lines & shut down.

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:

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

Signed: _____

Print Name: Alyssa Beard

Title: EHSR Manager

Date: _____

Email: regulatory@foundationenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
403008747	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>			
403008751	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403008754	WELLBORE DIAGRAM	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)