

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:

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:

\*\* 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: 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&amp;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**

Casing Type	Size of Hole	Size of Casing	Grade	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top	Status
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 BeardTitle: 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)