

**FORM
5**Rev
09/14**State of Colorado
Oil and Gas Conservation Commission**

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



DE ET OE ES

Document Number:

400951852

Date Received:

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary completion

OGCC Operator Number: 10485

Contact Name: Shauna DeMattee

Name of Operator: VERDAD OIL & GAS CORPORATION

Phone: (720) 2994495

Address: 5950 CEDAR SPRINGS RD #200

Fax:

City: DALLAS State: TX Zip: 75235

API Number 05-123-40874-00

County: WELD

Well Name: Meehl

Well Number: 01N-65W-24-2N

Location: QtrQtr: SWSE Section: 24 Township: 1N Range: 65W Meridian: 6

Footage at surface: Distance: 270 feet Direction: FSL Distance: 1548 feet Direction: FEL

As Drilled Latitude: 40.030293 As Drilled Longitude: -104.608365

GPS Data:

Date of Measurement: 01/27/2016 PDOP Reading: 1.2 GPS Instrument Operator's Name: Bob Hendricks

** If directional footage at Top of Prod. Zone Dist.: 627 feet. Direction: FSL Dist.: 1656 feet. Direction: FEL

Sec: 24 Twp: 1N Rng: 65W

** If directional footage at Bottom Hole Dist.: 441 feet. Direction: FNL Dist.: 1666 feet. Direction: FEL

Sec: 24 Twp: 1N Rng: 65W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 05/21/2015 Date TD: 06/02/2015 Date Casing Set or D&A: 06/01/2015

Rig Release Date: 06/02/2015 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 11812 TVD** 7174 Plug Back Total Depth MD 11786 TVD** 7174

Elevations GR 5022 KB 5038 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

CBL/GR/CCL, Dual Induction/GR

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	26+0/0	16+0/0	42	0	80	64	4	80	CBL
SURF	13+1/2	9+5/8	36	0	1,320	369	0	1,320	VISU
1ST	8+3/4	7+0/0	26	0	7,490	740	1,390	7,490	CBL
2ND	6+1/8	4+1/2	13.5	0	11,812	418	4,992	11,812	CBL

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	
SHARON SPRINGS	6,935		NO	NO	
NIOBRARA	6,960		NO	NO	

Comment:

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

Signed: _____ Print Name: Shauna DeMattee

Title: Regulatory Analyst Date: _____ Email: sdemattee@progressivepcs.net

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400951877	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400983287	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>					
400951869	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400956216	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400968048	PDF-RESISTIVITY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400983365	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400983451	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400983452	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)