

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:
400951904

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 05-123-41257-00 County: WELD
 Well Name: Rowe Well Number: 01N-65W-26-8N
 Location: QtrQtr: NENW Section: 26 Township: 1N Range: 65W Meridian: 6
 Footage at surface: Distance: 208 feet Direction: FNL Distance: 2317 feet Direction: FWL
 As Drilled Latitude: 40.029027 As Drilled Longitude: -104.632482

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.: 635 feet. Direction: FNL Dist.: 1787 feet. Direction: FWL
 Sec: 26 Twp: 1N Rng: 65W
 ** If directional footage at Bottom Hole Dist.: 442 feet. Direction: FSL Dist.: 1842 feet. Direction: FWL
 Sec: 26 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) 10/23/2015 Date TD: 06/11/2015 Date Casing Set or D&A: 06/11/2015
 Rig Release Date: 06/12/2015 Per Rule 308A.b.

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 11783 TVD** 7213 Plug Back Total Depth MD 11759 TVD** 7214

Elevations GR 5101 KB 5117 **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	1,327	376	0	1,327	VISU
1ST	8+3/4	7+0/0	26	0	7,514	690	1,300	7,514	CBL
2ND	6+1/8	4+1/2	13.5	0	11,783	425	4,550	11,783	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	7,080		NO	NO	
NIOBRARA	7,102		NO	NO	

Comment:

-Conductor casing pre-set on 04/16/2015

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@progressivpcs.net

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400951924	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400983285	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"/>
Other Attachments			
400951917	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400956217	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400969039	PDF-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400983371	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400983454	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400983455	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)