

FORM
5Rev
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:

401451337

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: 10651

Contact Name: Kenny Trueax

Name of Operator: VERDAD RESOURCES LLC

Phone: (720) 6518409

Address: 5950 CEDAR SPRINGS ROAD

Fax:

City: DALLAS State: TX Zip: 75235

API Number 05-123-45163-00

County: WELD

Well Name: WARNER

Well Number: 01N-64W-17-2H

Location: QtrQtr: SESW Section: 17 Township: 1N Range: 64W Meridian: 6

Footage at surface: Distance: 210 feet Direction: FSL Distance: 2361 feet Direction: FWL

As Drilled Latitude: 40.044678 As Drilled Longitude: -104.575706

GPS Data:

Date of Measurement: 10/03/2017 PDOP Reading: 1.2 GPS Instrument Operator's Name: Ryan Desmond

** If directional footage at Top of Prod. Zone Dist.: 460 feet. Direction: FSL Dist.: 843 feet. Direction: FWL

Sec: 17 Twp: 1N Rng: 64W

** If directional footage at Bottom Hole Dist.: 461 feet. Direction: FNL Dist.: 835 feet. Direction: FWL

Sec: 8 Twp: 1N Rng: 64W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 09/06/2017 Date TD: 09/19/2017 Date Casing Set or D&A: 09/20/2017

Rig Release Date: 09/24/2017 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 17326 TVD** 7068 Plug Back Total Depth MD 17217 TVD** 7068

Elevations GR 5067 KB 5083 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

MWD/LWD, CBL, Resistivity in API-123-45162

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	24	16	65	0	80	70	0	80	VISU
SURF	13+1/2	9+5/8	36	0	1,744	790	0	1,744	VISU
1ST	8+1/2	5+1/2	20	0	17,303		211	17,303	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	
FOX HILLS BASE		1,200			
PARKMAN	4,348				
SUSSEX	4,650				
SHANNON	4,880				
SHARON SPRINGS	7,186				
NIOBRARA	7,206				

Comment:

Open Hole Logging Exception, No Resistivity Log Run. Resistivity in API-0512345162. Warner 1H

Top of producing zone footage calls are estimated and are based on being within the hardline and into our target production interval. When the well is completed the form 5A will detail the actual footage calls from the top of production zone.

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

Signed: _____

Print Name: Robert Beecherl

Title: Operations engineer

Date: _____

Email: bbeecherl@verdadoil.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
401452450	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401466749	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>			
401452431	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401452438	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401452440	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401452448	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401466348	PDF-MWD/LWD	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)