

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:

402052114

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: Allison Schieber

Name of Operator: VERDAD RESOURCES LLC

Phone: (720) 845-6909

Address: 5950 CEDAR SPRINGS ROAD

Fax:

City: DALLAS State: TX Zip: 75235

API Number 05-123-47557-00

County: WELD

Well Name: Timbro 9-59

Well Number: 8A-9-4

Location: QtrQtr: SWNW Section: 8 Township: 9N Range: 59W Meridian: 6

Footage at surface: Distance: 1686 feet Direction: FNL Distance: 476 feet Direction: FWL

As Drilled Latitude: 40.767661 As Drilled Longitude: -104.010016

GPS Data:

Date of Measurement: 05/08/2019 PDOP Reading: 1.9 GPS Instrument Operator's Name: Joseph Phillips

** If directional footage at Top of Prod. Zone Dist.: 1039 feet. Direction: FNL Dist.: 600 feet. Direction: FWL

Sec: 8 Twp: 9N Rng: 59W

** If directional footage at Bottom Hole Dist.: 1005 feet. Direction: FNL Dist.: 290 feet. Direction: FEL

Sec: 9 Twp: 9N Rng: 59W

Field Name: WILDCAT

Field Number: 99999

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 02/27/2019 Date TD: 03/24/2019 Date Casing Set or D&A: 03/25/2019

Rig Release Date: 04/14/2019 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 16377 TVD** 6211 Plug Back Total Depth MD 16236 TVD** 6213

Elevations GR 5085 KB 5109 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

MWD/LWD, CBL, RES

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	16	65	0	80	70	0	80	VISU
SURF	13+1/2	9+5/8	36	0	1,913	781	0	1,913	VISU
1ST	8+1/2	5+1/2	20	0	16,367	1,886	0	16,367	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	
PARKMAN	3,552		NO	NO	
SHARON SPRINGS	6,270		NO	NO	
NIOBRARA	6,374		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: Allison Schieber

Title: Senior Regulatory Analyst

Date: _____

Email: regulatory@verdadoil.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
402052375	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
402052377	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>					
402052352	LAS-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402052353	PDF-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402052354	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402052374	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402062511	PDF-RESISTIVITY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402062514	LAS-RESISTIVITY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Stamp Upon
Approval

Total: 0 comment(s)

