

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:

402052387

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 05-123-47560-00

County: WELD

Well Name: Timbro 9-59

Well Number: 8A-9-5

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

Footage at surface: Distance: 1703 feet Direction: FNL Distance: 476 feet Direction: FWL

As Drilled Latitude: 40.767613 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.: 1408 feet. Direction: FNL Dist.: 600 feet. Direction: FWL

Sec: 8 Twp: 9N Rng: 59W

** If directional footage at Bottom Hole Dist.: 1399 feet. Direction: FNL Dist.: 327 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) 02/28/2019 Date TD: 04/11/2019 Date Casing Set or D&A: 04/12/2019

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 16238 TVD** 6216 Plug Back Total Depth MD 16102 TVD** 6217

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

List Electric Logs Run:

MWD/LWD, CBL, Resistivity Log run on Timbro 9-59 8A-9-4 (API 123-47557-00) for this pad

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	1,905	867	0	1,905	VISU
1ST	8+1/2	5+1/2	20	0	16,228	1,900	0	16,228	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	3,518		NO	NO	
SHARON SPRINGS	6,284		NO	NO	
NIOBRARA	6,381		NO	NO	

Comment:

Open Hole Logging Exception. No Resistivity Log Run. Resistivity on Timbro 9-59 8A-9-4 (API 123-47557-00).

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: Sr. Regulatory Analyst

Date: _____

Email: regulatory@verdadoil.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
402062425	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
402062437	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>					
402052849	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402052853	LAS-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402052854	PDF-MWD/LWD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
402062420	DIRECTIONAL DATA	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)

