

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:
402052858

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 05-123-47562-00 County: WELD
 Well Name: Timbro 9-59 Well Number: 8A-9-8
 Location: QtrQtr: SWNW Section: 8 Township: 9N Range: 59W Meridian: 6
 Footage at surface: Distance: 1719 feet Direction: FNL Distance: 476 feet Direction: FWL
 As Drilled Latitude: 40.767571 As Drilled Longitude: -104.010015

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.: 1871 feet. Direction: FNL Dist.: 600 feet. Direction: FWL
 Sec: 8 Twp: 9N Rng: 59W
 ** If directional footage at Bottom Hole Dist.: 1841 feet. Direction: FNL Dist.: 355 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) 03/01/2019 Date TD: 04/06/2019 Date Casing Set or D&A: 04/07/2019
 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 16297 TVD** 6304 Plug Back Total Depth MD 16156 TVD** 6303

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

List Electric Logs Run:
LWD/MWD, 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+1/5	20	0	16,439	1,905	0	16,439	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	3,545		NO	NO	
SHARON SPRINGS	6,178		NO	NO	
NIOBRARA	6,291		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: Senior Regulatory Analyst

Date: _____

Email: regulatory@verdadoil.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
402053661	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402053660	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			
402053655	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402053656	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402053657	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402053659	DIRECTIONAL DATA	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>
		Stamp Upon Approval

Total: 0 comment(s)

