

**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



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Document Number:  
402144520

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 05-123-47568-00 County: WELD  
 Well Name: Timbro 9-59 Well Number: 8B-9-1  
 Location: QtrQtr: NWSW Section: 8 Township: 9N Range: 59W Meridian: 6  
 Footage at surface: Distance: 1442 feet Direction: FSL Distance: 599 feet Direction: FWL  
 As Drilled Latitude: 40.761693 As Drilled Longitude: -104.009528

GPS Data:  
 Date of Measurement: 07/02/2019 PDOP Reading: 1.6 GPS Instrument Operator's Name: Brent Garcia

\*\* If directional footage at Top of Prod. Zone Dist.: 2640 feet. Direction: FSL Dist.: 600 feet. Direction: FWL  
 Sec: 8 Twp: 9N Rng: 59W  
 \*\* If directional footage at Bottom Hole Dist.: 2632 feet. Direction: FSL Dist.: 302 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) 05/24/2019 Date TD: 05/25/2019 Date Casing Set or D&A: 05/31/2019  
 Rig Release Date: 06/26/2019 Per Rule 308A.b.

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

Total Depth MD 16378 TVD\*\* 6151 Plug Back Total Depth MD 16221 TVD\*\* 6151

Elevations GR 5044 KB 5068 **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	24	16	65	0	80	70	0	80	VISU
SURF	13+1/2	9+5/8	36	0	1,877	708	0	1,877	VISU
1ST	8+1/2	5+1/2	20	0	16,347	2,160	980	16,347	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	3,629		NO	NO	
SUSSEX	4,484		NO	NO	
SHANNON	4,862		NO	NO	
SHARON SPRINGS	6,315		NO	NO	
NIOBRARA	6,544		NO	NO	

Comment:

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 the 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: Allison Schieber

Title: Sr. Regulatory Analyst Date: \_\_\_\_\_ Email: regulatory@verdadoil.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
402150477	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402150473	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"/>
<b>Other Attachments</b>			
402150446	PDF-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402150451	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402150458	LAS-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402150475	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	Returned to draft per operator's request.	08/23/2019

Total: 1 comment(s)

