

FORM  
5

Rev  
02/20

# State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

402393174

Date Received:

## DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and/or cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type  Final completion  Preliminary completion

OGCC Operator Number: 10651 Contact Name: Heather Mitchell  
Name of Operator: VERDAD RESOURCES LLC Phone: (720) 845-6917  
Address: 5950 CEDAR SPRINGS ROAD Fax: \_\_\_\_\_  
City: DALLAS State: TX Zip: 75235 Email: regulatory@verdadoil.com

API Number 05-123-50669-00 County: WELD  
Well Name: Safi Well Number: 1224-12H  
Location: QtrQtr: NWSE Section: 12 Township: 1N Range: 65W Meridian: 6  
FNL/FSL \_\_\_\_\_ FEL/FWL \_\_\_\_\_  
Footage at surface: Distance: 2215 feet Direction: FSL Distance: 2171 feet Direction: FEL  
As Drilled Latitude: 40.064785 As Drilled Longitude: -104.610464  
GPS Data: GPS Quality Value: 1.5 Type of GPS Quality Value: PDOP Date of Measurement: 04/01/2020  
GPS Instrument Operator's Name: Joseph Phillips  
FNL/FSL \_\_\_\_\_ FEL/FWL \_\_\_\_\_  
\*\* If directional footage at Top of Prod. Zone Dist: 0 feet Direction: FNL Dist: 803 feet Direction: FEL  
Sec: 13 Twp: 1N Rng: 65W  
FNL/FSL \_\_\_\_\_ FEL/FWL \_\_\_\_\_  
\*\* If directional footage at Bottom Hole Dist: 384 feet Direction: FSL Dist: 862 feet Direction: FEL  
Sec: 24 Twp: 1N Rng: 65W  
Field Name: WATTENBERG Field Number: 90750  
Federal, Indian or State Lease Number: \_\_\_\_\_

Spud Date: (when the 1st bit hit the dirt) 01/15/2020 Date TD: 03/19/2020 Date Casing Set or D&A: 03/20/2020  
Rig Release Date: 03/26/2020 Per Rule 308A.b.

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

Total Depth MD 18108 TVD\*\* 7092 Plug Back Total Depth MD 17976 TVD\*\* 7092  
Elevations GR 4970 KB 4991 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:  
GR, (RES on 05-123-50670)

Empty rectangular box for additional information or notes.

### **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	1,773	694	0	1,773	VISU
1ST	8+1/2	5+1/2	20	0	18,098	2,390	0	18,098	VISU

### **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		750	NO	NO	
PARKMAN	4,254		NO	NO	
SUSSEX	4,582		NO	NO	
SHARON SPRINGS	7,301		NO	NO	
NIOBRARA	7,341		NO	NO	

Operator Comments:

Estimated Waiting on Completions scheduled for Q1/2021

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.

Approved APD and BMP requiring one well on a pad to be logged with open hole resistivity log and gamma ray.

Resistivity log was run on Safi 1224 02H (API:05-123-50670).

No CBL run attached per Rule 502.b Variance Request for Rule 308A log submittal requirements. Variance request submitted through sundry document #402379288 and letter can be found in attachments under correspondence.

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

Signed: \_\_\_\_\_

Print Name: Heather Mitchell

Title: Regulatory Manager

Date: \_\_\_\_\_

Email: regulatory@verdadoil.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
402393210	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402393213	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>			
402393697	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402394659	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402397624	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402405859	CORRESPONDENCE	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)

