

FORM
5Rev
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:

402393654

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: Allison Schieber

Name of Operator: VERDAD RESOURCES LLC

Phone: (750) 845-6909

Address: 5950 CEDAR SPRINGS ROAD

Fax:

City: DALLAS

State: TX

Zip: 75235

Email: regulatory@verdadoil.com

API Number 05-123-50680-00

County: WELD

Well Name: Safi

Well Number: 1224-04H

Location: QtrQtr: NWSE

Section: 12

Township: 1N

Range: 65W

Meridian: 6

FNL/FSL

FEL/FWL

Footage at surface: Distance: 2215 feet

Direction: FSL

Distance: 2235 feet

Direction: FEL

As Drilled Latitude: 40.064786

As Drilled Longitude: -104.610678

GPS Data: GPS Quality Value: 1.6 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: 1351 feet

Direction: FWL

Sec: 13

Twp: 1N

Rng: 65W

FNL/FSL

FEL/FWL

** If directional footage at Bottom Hole

Dist: 345 feet

Direction: FSL

Dist: 1276 feet

Direction: FWL

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) 01/12/2020

Date TD: 03/02/2020

Date Casing Set or D&A: 03/03/2020

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 18174

TVD** 7126

Plug Back Total Depth MD 18036

TVD** 7126

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)

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	1,732	730	0	1,732	VISU
1ST	8+1/2	5+1/2	20	0	18,164	2,445	0	18,164	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	4,284		NO	NO	
SUSSEX	4,602		NO	NO	
SHARON SPRINGS	7,322		NO	NO	
NIOBRARA	7,362		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: Allison Schieber

Title: Sr Regulatory Analyst

Date: _____

Email: regulatory@verdadoil.com

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
402397215	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
402397219	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>		
402397202	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402397212	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402397214	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402405872	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)

