

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:

402393662

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: (720) 845-6909
Address: 5950 CEDAR SPRINGS ROAD Fax:
City: DALLAS State: TX Zip: 75235 Email: regulatory@verdadoil.com

API Number 05-123-50677-00 County: WELD
Well Name: Safi Well Number: 1224-06H
Location: QtrQtr: NWSE Section: 12 Township: 1N Range: 65W Meridian: 6
Footage at surface: Distance: 2215 feet Direction: FSL Distance: 2221 feet Direction: FEL
As Drilled Latitude: 40.064785 As Drilled Longitude: -104.610625
GPS Data: GPS Quality Value: 1.8 Type of GPS Quality Value: PDOP Date of Measurement: 04/01/2020
GPS Instrument Operator's Name: Joseph Phillips
** If directional footage at Top of Prod. Zone Dist: 0 feet Direction: FNL Dist: 2108 feet Direction: FWL
** If directional footage at Bottom Hole Dist: 376 feet Direction: FSL Dist: 2099 feet Direction: FWL
Field Name: WATTENBERG Field Number: 90750
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 01/13/2020 Date TD: 03/06/2020 Date Casing Set or D&A: 03/07/2020
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 18015 TVD** 7031 Plug Back Total Depth MD 17879 TVD** 7031
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 box for additional information.

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	1,742	735	0	1,742	VISU
1ST	8+1/2	5+1/2	20	0	18,006	2,375	0	18,006	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	4,173		NO	NO	
SUSSEX	4,525		NO	NO	
SHARON SPRINGS	7,158		NO	NO	
NIOBRARA	7,204		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>			
402397434	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402397438	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>			
402397417	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402397430	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402397432	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402405873	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)

