

FORM
5

Rev
12/20

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:

402827247

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: 1125 17TH STREET SUITE 550 Fax: _____
City: DENVER State: CO Zip: 80202 Email: regulatory@verdadresources.com

API Number 05-123-50886-00 County: WELD
Well Name: KBL Well Number: 1930-12H
Location: QtrQtr: NWSE Section: 19 Township: 2N Range: 63W Meridian: 6
FNL/FSL _____ FEL/FWL _____
Footage at surface: Distance: 1806 feet Direction: FSL Distance: 2021 feet Direction: FEL
As Drilled Latitude: 40.121606 As Drilled Longitude: -104.478071
GPS Data: GPS Quality Value: 1.6 Type of GPS Quality Value: PDOP Date of Measurement: 03/25/2021

FNL/FSL _____ FEL/FWL _____
** If directional footage at Top of Prod. Zone Dist: 2175 feet Direction: FSL Dist: 2636 feet Direction: FWL
Sec: 19 Twp: 2N Rng: 63W

FNL/FSL _____ FEL/FWL _____
** If directional footage at Bottom Hole Dist: 360 feet Direction: FSL Dist: 2611 feet Direction: FWL
Sec: 30 Twp: 2N Rng: 63W

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 01/28/2021 Date TD: 08/12/2021 Date Casing Set or D&A: 08/14/2021
Rig Release Date: 08/14/2021 Per Rule 308A.b.

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

Total Depth MD 14419 TVD** 6751 Plug Back Total Depth MD 14334 TVD** 6751
Elevations GR 4863 KB 4884 Digital Copies of ALL Logs must be Attached

List All Logs Run:
MWD/LWD (LAS & PDF), CBL (PDF), Resistivity run on KBL 1930-08H (API 05-123-50889-00)

FLUID VOLUMES USED IN DRILLING OPERATIONS
(Enter "0" if a type of a fluid was not used. Do not leave blank.)
Total Fluids (bbls): 3006 Fresh Water (bbls): 2616
Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 0

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Grade	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top	Status
CONDUCTOR	24	16	ASTM53	65	0	80	70	80	0	VISU
SURF	13+1/2	9+5/8	J55	36	0	1776	775	1776	0	VISU
1ST	8+1/2	5+1/2	P110	17	1781	14419	1999	14419	1781	CBL

Bradenhead Pressure Action Threshold 533 psig

This threshold is calculated per Rule 308A.b.(2)G. If this well is located in a bradenhead test area (see Rule 207.b) per an Order of the Commission, it may be subject to a different threshold.

Does the casing centralization comply with Rule 317.g? Yes

If "NO", provide details below.

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	240				
PARKMAN	3,872				
SUSSEX	4,201				
SHANNON	4,440				
SHARON SPRINGS	6,841				
NIOBRARA	6,883				

Operator Comments:

Surface casing information was submitted with the preliminary Form 5 Document #402631766
 Top of producing zone footage calls are estimated based on being within the hardline, and into our target production interval. When the well is completed the form 5A will detail actual footage calls from the top of production zone.
 BHL footage calls are past the setback, this well will not be completed past the setback.
 No open hole resistivity log was run on this well. The resistivity log was run on the KBL 1930-08H (API 05-123-50889-00). Approved APD and BMP requiring one well on a pad to be logged with open hole resistivity log and gamma ray.

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

Signed: _____ Print Name: Miracle Pfister

Title: Sr. Regulatory Consultant Date: _____ Email: mpfister@miracleenergyconsulting.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
402836409	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402835763	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			
402835765	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402835770	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402835951	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402835957	PDF-MWD/LWD	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)