

FORM  
5Rev  
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:

402827250

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 05-123-50889-00

County: WELD

Well Name: KBL

Well Number: 1930-08H

Location: QtrQtr: NWSE Section: 19 Township: 2N Range: 63W Meridian: 6  
FNL/FSL FEL/FWL

Footage at surface: Distance: 1806 feet Direction: FSL Distance: 2066 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

\*\* 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  
FNL/FSL FEL/FWL

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: 07/30/2021 Date Casing Set or D&amp;A: 07/31/2021

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 14775 TVD\*\* 6651 Plug Back Total Depth MD 14712 TVD\*\* 6651

Elevations GR 4863 KB 4884

Digital Copies of ALL Logs must be Attached



List All Logs Run:

MWD/LWD (LAS &amp; PDF), CBL, Resistivity

## 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**

<u>Casing Type</u>	<u>Size of Hole</u>	<u>Size of Casing</u>	<u>Grade</u>	<u>Wt/Ft</u>	<u>Csg/Liner Top</u>	<u>Setting Depth</u>	<u>Sacks Cmt</u>	<u>Cmt Btm</u>	<u>Cmt Top</u>	<u>Status</u>
CONDUCTOR	24	16	ASTM53	65	0	80	70	80	0	VISU
SURF	13+1/2	9+5/8	J55	36	0	1823	775	1823	0	VISU
1ST	8+1/2	5+1/2	P110	17	0	1834	2072	14775	1834	CBL

Bradenhead Pressure Action Threshold 547 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	4,079				
SUSSEX	4,453				
SHANNON	4,770				
SHARON SPRINGS	7,408				
NIOBRARA	7,462				

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.  
 The resistivity log was run on this well. 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 Contractor

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

Email: mpfister@miracleenergyconsulting.com

### Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
402836411	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
402835784	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>		
402835782	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402835783	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402835790	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402835792	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402835965	LAS-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)