

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:

402976584

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

API Number 05-123-51170-00 County: WELD
Well Name: County Line Well Number: 3107-11H
Location: QtrQtr: SWSE Section: 31 Township: 1N Range: 65W Meridian: 6
FNL/FSL FEL/FWL
Footage at surface: Distance: 340 feet Direction: FSL Distance: 1940 feet Direction: FEL
As Drilled Latitude: 40.001458 As Drilled Longitude: -104.704200
GPS Data: GPS Quality Value: 1.7 Type of GPS Quality Value: PDOP Date of Measurement: 11/05/2021
FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: 460 feet Direction: FNL Dist: 1127 feet Direction: FEL
Sec: 6 Twp: 1S Rng: 65W
FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: 353 feet Direction: FSL Dist: 1047 feet Direction: FEL
Sec: 7 Twp: 1S Rng: 65W
Field Name: WATTENBERG Field Number: 90750
Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 08/25/2021 Date TD: 01/17/2022 Date Casing Set or D&A: 01/18/2022
Rig Release Date: 02/19/2022 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 17260 TVD** 7314 Plug Back Total Depth MD 17173 TVD** 7314

Elevations GR 5037 KB 5058 Digital Copies of ALL Logs must be Attached

List All Logs Run:

MWD/LWD, CBL, RES run on county Line 3112 API 05-123-51171

FLUID VOLUMES USED IN DRILLING OPERATIONS

(Enter "0" if a type of a fluid was not used. Do not leave blank.)

Total Fluids (bbls): 3330 Fresh Water (bbls): 2740

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 590

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	26	16	astm53	65	0	80	70	80	0	VISU
SURF	13+1/2	9+5/8	j55	40	0	1715	781	1715	0	VISU
1ST	8+1/2	5+1/2	p110	20	0	17260	2350	17260	500	CBL

Bradenhead Pressure Action Threshold 514 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		1,268			
PIERRE	1,269				
PARKMAN	4,351				
SUSSEX	4,726				
SHANNON	5,181				
SHARON SPRINGS	7,196				
NIOBRARA	7,213				

Operator Comments:

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.
 No open hole resistivity log was run on this well. The resistivity log was run on the County Line 3112 01H. Approved APD and BMP requiring one well on a pad to be logged with open hole resistivity log and gamma ray.
 BHL footage calls are past the setback, This well will not be completed past the setback.
 Operations for entire pad re-started within 90 days, so no preliminary form 5 was filed.

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@verdadresources.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
402995257	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402995259	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			
402995262	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402995268	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402995270	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402999339	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402999343	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)