

FORM
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Rev
12/20

State of Colorado Oil and Gas Conservation Commission

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Document Number:

403066259

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 05-123-51207-00 County: WELD
Well Name: Timbro Fed 1931 Well Number: 03H
Location: QtrQtr: SESW Section: 19 Township: 9N Range: 58W Meridian: 6
FNL/FSL _____ FEL/FWL _____
Footage at surface: Distance: 461 feet Direction: FSL Distance: 2519 feet Direction: FWL
As Drilled Latitude: 40.730444 As Drilled Longitude: -103.907515
GPS Data: GPS Quality Value: 1.7 Type of GPS Quality Value: PDOP Date of Measurement: 06/03/2022

FNL/FSL _____ FEL/FWL _____
** If directional footage at Top of Prod. Zone Dist: 300 feet Direction: FNL Dist: 1680 feet Direction: FWL
Sec: 30 Twp: 9N Rng: 58W

FNL/FSL _____ FEL/FWL _____
** If directional footage at Bottom Hole Dist: 223 feet Direction: FSL Dist: 1671 feet Direction: FWL
Sec: 31 Twp: 9N Rng: 58W

Field Name: WILDCAT Field Number: 99999

Federal, Indian or State Lease Number: COC76965

Spud Date: (when the 1st bit hit the dirt) 01/22/2022 Date TD: 04/02/2022 Date Casing Set or D&A: 04/03/2022

Rig Release Date: 04/29/2022 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 16450 TVD** 5857 Plug Back Total Depth MD 16413 TVD** 5857

Elevations GR 4829 KB 4850 Digital Copies of ALL Logs must be Attached

List All Logs Run:

MWD/LWD, CBL, Resistivity run on Timbro 1931 01H API 123-51202

FLUID VOLUMES USED IN DRILLING OPERATIONS
(Enter "0" if a type of a fluid was not used. Do not leave blank.)

Total Fluids (bbls): 3325 Fresh Water (bbls): 2485

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 840

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	astm	65	0	80	70	80	0	VISU
SURF	13+1/2	9+5/8	j55	36	0	1537	730	1537	0	VISU
1ST	8+1/2	5+1/2	p110	20	0	16450	2420	16450	0	CBL

Bradenhead Pressure Action Threshold 461 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 BASE		710			
PIERRE	711				
PARKMAN	3,363				
SUSSEX	4,020				
SHANNON	4,490				
SHARON SPRINGS	5,884				
NIOBRARA	6,000				

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.
 BHL footage calls are beyond the setback, well will not be completed past setback.
 No open hole resistivity log was run on this well. The resistivity log was run on the Timbro Fed 1931 01H. 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: Allison Schieber

Title: Sr. Regulatory Analyst

Date: _____

Email: regulatory@verdadresources.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
403081515	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
403081524	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			
403081507	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403081508	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403081523	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403081535	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403081537	LAS-CEMENT BOND	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)