

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:

403066244

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 05-123-51204-00 County: WELD
Well Name: Timbro Fed 1931 Well Number: 07H
Location: QtrQtr: SESW Section: 19 Township: 9N Range: 58W Meridian: 6
FNL/FSL FEL/FWL
Footage at surface: Distance: 461 feet Direction: FSL Distance: 2579 feet Direction: FWL
As Drilled Latitude: 40.730445 As Drilled Longitude: -103.907298
GPS Data: GPS Quality Value: 1.4 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: 982 feet Direction: FEL
Sec: 30 Twp: 9N Rng: 58W
FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: 214 feet Direction: FSL Dist: 999 feet Direction: FEL
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) 01/25/2022 Date TD: 04/23/2022 Date Casing Set or D&A: 04/24/2022
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 16668 TVD** 5828 Plug Back Total Depth MD 16631 TVD** 5828
Elevations GR 4820 KB 4841 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 | 1578 | 725 | 1578 | 0 | VISU |
| 1ST | 8+1/2 | 5+1/2 | p110 | 20 | 0 | 16668 | 2465 | 16668 | 680 | CBL |

Bradenhead Pressure Action Threshold 473 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 | | 709 | | | |
| PIERRE | 710 | | | | |
| PARKMAN | 3,442 | | | | |
| SUSSEX | 4,193 | | | | |
| SHANNON | 4,613 | | | | |
| SHARON SPRINGS | 5,998 | | | | |
| NIOBRARA | 6,128 | | | | |

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 is 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 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 | | | |
| 403084656 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 403084658 | 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 | | | |
| 403084649 | PDF-MWD/LWD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 403084650 | LAS-MWD/LWD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 403084651 | PDF-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 403084652 | LAS-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 403084659 | DIRECTIONAL DATA | 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)