

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:

403361155

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 05-123-51849-00 County: WELD
Well Name: Fawn Well Number: 2833-02H
Location: QtrQtr: SESW Section: 22 Township: 1N Range: 65W Meridian: 6
FNL/FSL FEL/FWL
Footage at surface: Distance: 244 feet Direction: FSL Distance: 2255 feet Direction: FWL
As Drilled Latitude: 40.030325 As Drilled Longitude: -104.651538
GPS Data: GPS Quality Value: 1.5 Type of GPS Quality Value: PDOP Date of Measurement: 04/04/2023
FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: 460 feet Direction: FNL Dist: 1975 feet Direction: FEL
Sec: 28 Twp: 1N Rng: 65W
FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: 367 feet Direction: FSL Dist: 1952 feet Direction: FEL
Sec: 33 Twp: 1N Rng: 65W
Field Name: WATTENBERG Field Number: 90750
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 12/11/2022 Date TD: 02/26/2023 Date Casing Set or D&A: 02/28/2023
Rig Release Date: 03/09/2023 Per Rule 308A.b.

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

Total Depth MD 18755 TVD** 7272 Plug Back Total Depth MD 18671 TVD** 7272
Elevations GR 5104 KB 5125 Digital Copies of ALL Logs must be Attached

List All Logs Run:
CBL, MWD/LWD, RES on Fawn 2734-13H (API: 05-123-51843)

FLUID VOLUMES USED IN DRILLING OPERATIONS
(Enter "0" if a type of a fluid was not used. Do not leave blank.)
Total Fluids (bbls): 3475 Fresh Water (bbls): 2870
Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 130

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	2374	1051	2374	0	VISU
1ST	8+1/2	5+1/2	P110	20	0	18755	2555	18755	2554	CBL

Bradenhead Pressure Action Threshold 712 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	1,237				
PARKMAN	4,866				
SUSSEX	5,320				
SHANNON	6,095				
SHARON SPRINGS	8,543				
NIOBRARA	8,584				

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 past the setback, this well will not be completed past the setback.

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

Signed: _____

Print Name: Heather Mitchell

Title: Regulatory Manager

Date: _____

Email: regulatory@verdadresources.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
403361190	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
403361191	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			
403361193	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403377506	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403377508	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403377511	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403377513	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>
Permit	Return to DRAFT - per operator request	07/20/2023

Total: 1 comment(s)