

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:

403361616

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 05-123-51850-00 County: WELD
Well Name: Fawn Well Number: 2833-03H
Location: QtrQtr: SESW Section: 22 Township: 1N Range: 65W Meridian: 6
FNL/FSL _____ FEL/FWL _____
Footage at surface: Distance: 244 feet Direction: FSL Distance: 2270 feet Direction: FWL
As Drilled Latitude: 40.030325 As Drilled Longitude: -104.651481
GPS Data: GPS Quality Value: 1.2 Type of GPS Quality Value: PDOP Date of Measurement: 04/03/2023

** If directional footage at Top of Prod. Zone Dist: 460 feet Direction: FNL Dist: 1414 feet Direction: FEL
Sec: 28 Twp: 1N Rng: 65W
FNL/FSL _____ FEL/FWL _____

** If directional footage at Bottom Hole Dist: 340 feet Direction: FSL Dist: 1340 feet Direction: FEL
Sec: 33 Twp: 1N Rng: 65W
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) 12/10/2022 Date TD: 02/21/2023 Date Casing Set or D&A: 02/23/2023

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 18586 TVD** 7322 Plug Back Total Depth MD 18500 TVD** 7323

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	2351	1041	2351	0	VISU
1ST	8+1/2	5+1/2	P110	20	0	18586	2520	18586	2360	CBL

Bradenhead Pressure Action Threshold 705 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	1,233				
PARKMAN	4,794				
SUSSEX	5,177				
SHANNON	5,961				
SHARON SPRINGS	8,201				
NIOBRARA	8,224				

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 ?	
<u>Attachment Checklist</u>			
403361636	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
403361637	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>			
403361638	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403377538	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403377540	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403377552	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403377555	PDF-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)