

FORM
5

Rev
12/20

State of Colorado

Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

403889223

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

ECMC 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 05-123-52501-00 County: WELD
Well Name: Speed Goat Fed 3432 Well Number: 02H
Location: QtrQtr: NENE Section: 34 Township: 9N Range: 58W Meridian: 6
Footage at surface: Distance: 247 feet Direction: FNL Distance: 961 feet Direction: FEL
As Drilled Latitude: 40.714300 As Drilled Longitude: -103.843791
GPS Data: GPS Quality Value: 1.6 Type of GPS Quality Value: PDOP Date of Measurement: 08/06/2024
** If directional footage at Top of Prod. Zone Dist: 988 feet Direction: FNL Dist: 2550 feet Direction: FWL
** If directional footage at Bottom Hole Dist: 897 feet Direction: FNL Dist: 195 feet Direction: FWL
Field Name: DJ HORIZONTAL NBRR-FH-CODL-CL Field Number: 16952
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 04/17/2024 Date TD: 07/22/2024 Date Casing Set or D&A: 07/23/2024
Rig Release Date: 07/28/2024 Per Rule 308A.b.

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

Total Depth MD 19268 TVD** 5838 Plug Back Total Depth MD 19207 TVD** 5837
Elevations GR 4722 KB 4743 Digital Copies of ALL Logs must be Attached

List All Logs Run:
MWD/LWD, CBL, RES

FLUID VOLUMES USED IN DRILLING OPERATIONS
(Enter "0" if a type of a fluid was not used. Do not leave blank.)
Total Fluids (bbls): 3109 Fresh Water (bbls): 2393
Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 0

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	92	80	0	VISU
SURF	13+1/2	9+5/8	J55	36	0	1575	698	1575	0	VISU
1ST	8+1/2	5+1/2	P110	20	0	19268	2785	19268	2162	CBL

Bradenhead Pressure Action Threshold 472 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 ECMC)
	Top	Bottom	DST	Cored	
FOX HILLS	21	471			
PARKMAN	3,274				
SUSSEX	3,918				
SHANNON	4,629				
SHARON SPRINGS	5,659				
NIOBRARA	5,752				

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.
Resistivity Log run on this well.

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 LIST

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
403890590	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
403889261	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>			
403889243	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403889248	LAS-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403889251	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403889260	PDF-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403889262	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403904221	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403904222	PDF-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)