

FORM  
5Rev  
09/14

## State of Colorado

## Oil and Gas Conservation Commission

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



DE ET OE ES

Document Number:

400744158

Date Received:

## DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☐ Final completion ☒ Preliminary completion

OGCC Operator Number: 10485

Contact Name: Arthur Beecherl

Name of Operator: VERDAD OIL &amp; GAS CORPORATION

Phone: (214) 7281840

Address: 5950 CEDAR SPRINGS RD #200

Fax: (214) 3579358

City: DALLAS State: TX Zip: 75235

API Number 05-123-39864-00

County: WELD

Well Name: AMEN

Well Number: 5

Location: QtrQtr: NENE Section: 14 Township: 1N Range: 65W Meridian: 6

Footage at surface: Distance: 211 feet Direction: FNL Distance: 791 feet Direction: FEL

As Drilled Latitude: 40.058160 As Drilled Longitude: -104.624380

## GPS Data:

Date of Measurement: 05/06/2014 PDOP Reading: 1.4 GPS Instrument Operator's Name: Lat 40

\*\* If directional footage at Top of Prod. Zone Dist.: feet. Direction: FNL Dist.: feet. Direction: FEL

Sec: 14 Twp: 1N Rng: 65W

\*\* If directional footage at Bottom Hole Dist.: 460 feet. Direction: FSL Dist.: 648 feet. Direction: FEL

Sec: 14 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) 10/23/2014 Date TD: 11/02/2014 Date Casing Set or D&amp;A: 11/04/2014

Rig Release Date: 11/04/2014 Per Rule 308A.b.

## Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 11663 TVD\*\* 7066 Plug Back Total Depth MD 11623 TVD\*\* 7066

Elevations GR 4988 KB 5004 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

## List Electric Logs Run:

CBL on 7", CBL on 4.5" prior to completion

## CASING, LINER AND CEMENT

| Casing Type | Size of Hole | Size of Casing | Wt/Ft | Csg/Liner Top | Setting Depth | Sacks Cmt | Cmt Top | Cmt Bot | Status |
|-------------|--------------|----------------|-------|---------------|---------------|-----------|---------|---------|--------|
| SURF        | 13+1/2       | 9+5/8          | 36    | 0             | 1,290         | 510       | 0       | 1,290   | VISU   |
| 1ST         | 8+3/4        | 7              | 26    | 0             | 7,394         | 543       | 2,300   | 7,493   | CBL    |
| 2ND         | 6+1/8        | 4+1/2          | 13.5  | 0             | 11,663        | 124       | 5,000   | 11,663  | CALC   |

## 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 |   |
|                |                |        |                  |       |   |

Comment:

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

Signed: \_\_\_\_\_ Print Name: L. Arthur Beecherl, IV

Title: VP of Operations Date: \_\_\_\_\_ Email: abeecherl@verdadoil.com

## Attachment Check List

| Att Doc Num | Document Name | attached ? |  |
|-------------|---------------|------------|--|
|-------------|---------------|------------|--|

### Attachment Checklist

|           |                       |     |                                     |    |                                     |
|-----------|-----------------------|-----|-------------------------------------|----|-------------------------------------|
| 400744180 | CMT Summary *         | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
|           | Core Analysis         | Yes | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |
| 400744177 | 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

|           |                  |     |                                     |    |                          |
|-----------|------------------|-----|-------------------------------------|----|--------------------------|
| 400744176 | PDF-CEMENT BOND  | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400744178 | DIRECTIONAL DATA | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400744179 | LAS-CEMENT BOND  | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |

## General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
|            |         |              |

Total: 0 comment(s)