

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:

402059733

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: 10651

Contact Name: Heather Mitchell

Name of Operator: VERDAD RESOURCES LLC

Phone: (720) 845-6917

Address: 5950 CEDAR SPRINGS ROAD

Fax:

City: DALLAS State: TX Zip: 75235

API Number 05-123-49840-00

County: WELD

Well Name: PEGGY

Well Number: 2501-01H

Location: QtrQtr: SESW Section: 25 Township: 9N Range: 60W Meridian: 6

Footage at surface: Distance: 301 feet Direction: FSL Distance: 2411 feet Direction: FWL

As Drilled Latitude: 40.714777 As Drilled Longitude: -104.040844

GPS Data:

Date of Measurement: 05/08/2019 PDOP Reading: 1.9 GPS Instrument Operator's Name: Joseph Phillips

** If directional footage at Top of Prod. Zone Dist.: 300 feet. Direction: FNL Dist.: 340 feet. Direction: FWL

Sec: 36 Twp: 9N Rng: 60W

** If directional footage at Bottom Hole Dist.: 309 feet. Direction: FSL Dist.: 341 feet. Direction: FWL

Sec: 36 Twp: 9N Rng: 60W

Field Name: DJ HORIZONTAL NIOBRARA

Field Number: 16950

Federal, Indian or State Lease Number: OG-109089

Spud Date: (when the 1st bit hit the dirt) 04/01/2019 Date TD: 04/20/2019 Date Casing Set or D&A: 04/21/2019

Rig Release Date: 04/25/2019 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 11867 TVD** 6193 Plug Back Total Depth MD 11731 TVD** 6194

Elevations GR 4894 KB 4918 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

MWD, CBL, RES

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
CONDUCTOR	24	16	65	0	80	70	0	80	VISU
SURF	13+1/2	9+5/8	36	0	1,570	730	0	1,570	VISU
1ST	8+1/2	5+1/2	20	0	11,857	1,325	1,464	11,857	CBL

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		333	NO	NO	
PARKMAN	3,644		NO	NO	
SUSSEX	4,647		NO	NO	
SHANNON	5,134		NO	NO	
SHARON SPRINGS	6,550		NO	NO	
NIOBRARA	6,643		NO	NO	

Comment:

The TPZ footages are estimates calculated from where the production string crosses the hardline at 300 feet from the boundary.

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@verdadoil.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
402063604	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402063603	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>			
402063586	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402063590	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402063592	PDF-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402063599	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402063609	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)

