

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:

400752672

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 05-123-40511-00

County: WELD

Well Name: Young

Well Number: 01N-65W-28-8N

Location: QtrQtr: NENE Section: 28 Township: 1N Range: 65W Meridian: 6

Footage at surface: Distance: 230 feet Direction: FNL Distance: 1275 feet Direction: FEL

As Drilled Latitude: 40.029020 As Drilled Longitude: -104.664150

## GPS Data:

Date of Measurement: 06/17/2014 PDOP Reading: 1.6 GPS Instrument Operator's Name: Brian Brinkman

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

Sec: Twp: Rng:

\*\* If directional footage at Bottom Hole Dist.: 480 feet. Direction: FSL Dist.: 909 feet. Direction: FEL

Sec: 28 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) 12/01/2014 Date TD: 12/09/2014 Date Casing Set or D&amp;A: 12/10/2014

Rig Release Date: 12/11/2014 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 11808 TVD\*\* 7218 Plug Back Total Depth MD 11808 TVD\*\* 7218

Elevations GR 5073 KB 5089 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

## 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	1,345	536	0	1,345	VISU
1ST	8+3/4	7	26	0	7,605	725	0	7,605	CALC
2ND	6+1/8	4+1/2	13.5	0	11,808	427	5,000	11,808	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:

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## 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:

CBL to be run on long string prior to completion

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 ?	
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### Attachment Checklist

400752696	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400752699	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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

### Other Attachments

400752672	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400752701	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

## General Comments

User Group      Comment      Comment Date

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Total: 0 comment(s)