

DRILLING COMPLETION REPORT

Document Number:
400795124

Date Received:

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 & GAS CORPORATION Phone: (214) 7281840
 Address: 5950 CEDAR SPRINGS RD #200 Fax: (214) 3579358
 City: DALLAS State: TX Zip: 75235

API Number 05-123-40319-00 County: WELD
 Well Name: Pastelak Well Number: 01N-64W-02-3N
 Location: QtrQtr: NWNW Section: 2 Township: 1N Range: 64W Meridian: 6
 Footage at surface: Distance: 215 feet Direction: FNL Distance: 1286 feet Direction: FWL
 As Drilled Latitude: 40.087060 As Drilled Longitude: -104.523200

GPS Data:
 Date of Measurement: 08/19/2014 PDOP Reading: 2.2 GPS Instrument Operator's Name: Kyle Rutz

** If directional footage at Top of Prod. Zone Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____
 Sec: _____ Twp: _____ Rng: _____
 ** If directional footage at Bottom Hole Dist.: 470 feet. Direction: FSL Dist.: 996 feet. Direction: FWL
 Sec: 2 Twp: 1N Rng: 64W

Field Name: WATTENBERG Field Number: 90750
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 12/15/2014 Date TD: 12/23/2014 Date Casing Set or D&A: 12/24/2014
 Rig Release Date: 12/25/2014 Per Rule 308A.b.

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

Total Depth MD 11438 TVD** 6908 Plug Back Total Depth MD 11418 TVD** 6909

Elevations GR 5029 KB 5046 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL on 4.5"

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	1,291	502	0	1,291	VISU
1ST	8+3/4	7+0/8	26	0	7,253	677	1,190	7,253	CALC
2ND	6+1/8	4+1/2	13.5	0	11,438	400	3,100	11,438	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	

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 ?	
<u>Attachment Checklist</u>			
400795128	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400795126	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>			
400795125	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400795127	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)