

DRILLING COMPLETION REPORT

Document Number:
401653781

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: 10651 Contact Name: Danny Showers
 Name of Operator: VERDAD RESOURCES LLC Phone: (303) 8771890
 Address: 5950 CEDAR SPRINGS ROAD Fax: _____
 City: DALLAS State: TX Zip: 75235

API Number 05-123-46497-00 County: WELD
 Well Name: Jackson Well Number: 33-7H
 Location: QtrQtr: NWNW Section: 33 Township: 2N Range: 64W Meridian: 6
 Footage at surface: Distance: 290 feet Direction: FNL Distance: 1100 feet Direction: FWL
 As Drilled Latitude: 40.101435 As Drilled Longitude: -104.561514

GPS Data:
 Date of Measurement: 04/20/2018 PDOP Reading: 1.4 GPS Instrument Operator's Name: Dominick Davis

** If directional footage at Top of Prod. Zone Dist.: 30 feet. Direction: FNL Dist.: 2088 feet. Direction: FWL
 Sec: 33 Twp: 2N Rng: 64W
 ** If directional footage at Bottom Hole Dist.: 17 feet. Direction: FSL Dist.: 2103 feet. Direction: FWL
 Sec: 33 Twp: 2N Rng: 64W

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

Spud Date: (when the 1st bit hit the dirt) 03/28/2018 Date TD: 04/06/2018 Date Casing Set or D&A: 04/07/2018
 Rig Release Date: 04/11/2018 Per Rule 308A.b.

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

Total Depth MD 13010 TVD** 7214 Plug Back Total Depth MD 12887 TVD** 7214
 Elevations GR 5017 KB 5034 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
MWD/LWD, RESISTIVITY, CBL.

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	1,703	782	0	1,703	VISU
1ST	8+1/2	5+1/2	20	0	13,000	1,795	1,650	13,000	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		992			
PARKMAN	4,276				
SUSSEX	4,575				
SHANNON	4,899				
SHARON SPRINGS	7,045				
NIOBRARA	7,077				

Comment:

Resistivity was run on this well and is attached as both PDF and LAS.

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

Signed: _____ Print Name: Danny Showers

Title: Drilling Manager Date: _____ Email: DShowers@verdadoil.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401659956	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401659951	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			
401659926	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401659930	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401659937	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401659941	LAS-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401659944	PDF-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401659946	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)