

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.

Document Number:
401693756

Date Received:

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 05-123-46822-00 County: WELD

Well Name: HELEN Well Number: 24-3H

Location: QtrQtr: SESW Section: 24 Township: 2N Range: 64W Meridian: 6

Footage at surface: Distance: 1243 feet Direction: FSL Distance: 2052 feet Direction: FWL

As Drilled Latitude: 40.120047 As Drilled Longitude: -104.501793

GPS Data:
Date of Measurement: 06/29/2018 PDOP Reading: 1.5 GPS Instrument Operator's Name: AUSTIN WEILAND

** If directional footage at Top of Prod. Zone Dist.: 640 feet. Direction: FNL Dist.: 514 feet. Direction: FWL
Sec: 25 Twp: 2N Rng: 64W

** If directional footage at Bottom Hole Dist.: 877 feet. Direction: FSL Dist.: 522 feet. Direction: FEL
Sec: 36 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) 05/15/2018 Date TD: 05/22/2018 Date Casing Set or D&A: 05/23/2018

Rig Release Date: 05/30/2018 Per Rule 308A.b.

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

Total Depth MD 16883 TVD** 6880 Plug Back Total Depth MD 16773 TVD** 6880

Elevations GR 4926 KB 17 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
MWD/LWD, CBL, Resistivity

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	1,761	697	0	1,700	VISU
1ST	8+1/2	5+1/2	20	0	16,873	2,260	610	17,267	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		700			
PARKMAN	4,153				
SUSSEX	4,510				
SHANNON	4,725				
SHARON SPRINGS	7,079				
NIOBRARA	7,113				

Comment:

Resistivity Log Run in this well, API 123-46822, Helen-3H.

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

Signed: _____

Print Name: Danny _____

Title: Showers _____

Date: _____

Email: dshowers@verdadoil.com _____

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401696965	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401696975	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			
401693951	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401693952	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401693958	LAS-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401693965	PDF-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401693971	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401696955	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401698001	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)