

FORM
5
Rev
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



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Document Number:
402067001

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 05-123-47781-00 County: WELD
 Well Name: Rohn 9-60 Well Number: 14A-23-1
 Location: QtrQtr: NWSE Section: 14 Township: 9N Range: 60W Meridian: 6
 Footage at surface: Distance: 2010 feet Direction: FSL Distance: 2518 feet Direction: FEL
 As Drilled Latitude: 40.748538 As Drilled Longitude: -104.058699

GPS Data:
 Date of Measurement: 05/21/2019 PDOP Reading: 1.4 GPS Instrument Operator's Name: Taylor Onley

** If directional footage at Top of Prod. Zone Dist.: 2052 feet. Direction: FSL Dist.: 960 feet. Direction: FWL
 Sec: 14 Twp: 9N Rng: 60W
 ** If directional footage at Bottom Hole Dist.: 313 feet. Direction: FSL Dist.: 953 feet. Direction: FWL
 Sec: 23 Twp: 9N Rng: 60W

Field Name: WILDCAT Field Number: 99999
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 05/01/2019 Date TD: 05/11/2019 Date Casing Set or D&A: 05/13/2019
 Rig Release Date: 05/14/2019 Per Rule 308A.b.

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

Total Depth MD 14159 TVD** 6336 Plug Back Total Depth MD 14021 TVD** 6336

Elevations GR 4987 KB 5011 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
MWD/LWD, CBL, (RES in 123-47780)

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	26	16	65	0	80	70	0	80	VISU
SURF	13+1/2	9+5/8	36	0	1,913	847	0	1,913	VISU
1ST	8+1/2	5+1/2	20	0	14,125	1,545	1,920	14,125	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		360	NO	NO	
PARKMAN	3,722		NO	NO	
SUSSEX	4,630		NO	NO	
SHANNON	5,100		NO	NO	
SHARON SPRINGS	6,515		NO	NO	
NIOBRARA	6,671		NO	NO	

Comment:

Open hole logging exception. Resisitivity log run on API# 123-47780
TPZ are estimated based on crossing the hardline.

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 ?	
Attachment Checklist			
402067273	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402067271	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			
402082712	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402082721	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402082729	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402082736	PDF-MWD/LWD	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)

