

FORM
5Rev
12/20

State of Colorado

Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

404257308

Date Received:

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and/or cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type ☒ Final completion ☐ Preliminary completion

ECMC Operator Number: 10773

Contact Name: Sydney Smith

Name of Operator: FUNDARE RESOURCES OPERATING COMPANY LLC

Phone: (303) 9104511

Address: 5251 DTC PKWY STE 950

Fax:

City: GREENWOOD VILLAGE State: CO Zip: 80111

Email: ssmith@fundareresources.com

API Number 05-123-52889-00

County: WELD

Well Name: Wildhorse

Well Number: 04-0401

Location: QtrQtr: Lot 4 Section: 4 Township: 9N Range: 59W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 303 feet Direction: FNL Distance: 1080 feet Direction: FWL

As Drilled Latitude: As Drilled Longitude:

GPS Data: GPS Quality Value: Type of GPS Quality Value: Date of Measurement:

** If directional footage at Top of Prod. Zone Dist: 451 feet Direction: FNL Dist: 1355 feet Direction: FWL
Sec: 4 Twp: 9N Rng: 59W
FNL/FSL FEL/FWL** If directional footage at Bottom Hole Dist: 109 feet Direction: FSL Dist: 1319 feet Direction: FWL
Sec: 4 Twp: 9N Rng: 59W
FNL/FSL FEL/FWL

Field Name: DJ HORIZONTAL NIOBRARA

Field Number: 16950

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 03/29/2025 Date TD: 04/04/2025 Date Casing Set or D&A: 04/05/2025

Rig Release Date: 04/29/2025 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 11179 TVD** 6389 Plug Back Total Depth MD 11154 TVD** 6389

Elevations GR 5108 KB 21

Digital Copies of ALL Logs must be Attached ☐

List All Logs Run:

GAMMA RAY, CBL, and RESISTIVITY

FLUID VOLUMES USED IN DRILLING OPERATIONS

(Enter "0" if a type of a fluid was not used. Do not leave blank.)

Total Fluids (bbls): 2632 Fresh Water (bbls): 603

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 2029

CASING, LINER AND CEMENT

<u>Casing Type</u>	<u>Size of Hole</u>	<u>Size of Casing</u>	<u>Grade</u>	<u>Wt/Ft</u>	<u>Csg/Liner Top</u>	<u>Setting Depth</u>	<u>Sacks Cmt</u>	<u>Cmt Btm</u>	<u>Cmt Top</u>	<u>Status</u>
CONDUCTOR	24	16	other	65	0	80	70	80	0	VISU
SURF	13+1/2	9+5/8	J-55	36	0	2164	823	2164	0	VISU
1ST	8+1/2	5+1/2	P-110	20	0	11179	2004	11179	0	VISU

Bradenhead Pressure Action Threshold 649 psig

This threshold is calculated per Rule 308A.b.(2)G. If this well is located in a bradenhead test area (see Rule 207.b) per an Order of the Commission, it may be subject to a different threshold.

Does the casing centralization comply with Rule 317.g? Yes

If "NO", provide details below.

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 ECMC)
	Top	Bottom	DST	Cored	
WHITE RIVER	25	170	NO	NO	
LARAMIE	170	270	NO	NO	
FOX HILLS	270	809	NO	NO	
PIERRE A	809	1,224	NO	NO	
PIERRE	1,224	1,951	NO	NO	
PIERRE B	1,951	3,704	NO	NO	
NIOBRARA	2,647	11,607	NO	NO	
HYGIENE	3,704	4,095	NO	NO	
SHARON SPRINGS	6,135	6,247	NO	NO	

Operator Comments:

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

Signed: _____

Print Name: Sydney SmithTitle: Director EHRSR

Date: _____

Email: ssmith@fundareresources.com

ATTACHMENT LIST

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
404258365	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
404258206	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>			
404257433	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404257441	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404257463	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404257477	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404257950	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404258196	PDF-GAMMA RAY	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)