

FORM  
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Rev  
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
Footage at surface: Distance: 303 feet Direction: FNL Distance: 1080 feet Direction: FWL
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
\*\* If directional footage at Bottom Hole Dist: 109 feet Direction: FSL Dist: 1319 feet Direction: 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

Casing Type	Size of Hole	Size of Casing	Grade	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top	Status
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 Smith

Title: Director EHSR

Date: \_\_\_\_\_

Email: ssmith@fundareresources.com

**ATTACHMENT LIST**

Att Doc Num	Document Name	attached ?	
<b><u>Attachment Checklist</u></b>			
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"/>
<b><u>Other Attachments</u></b>			
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)