

FORM
5A
Rev
06/12

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:
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Date Received:

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: <u>10651</u>	4. Contact Name: <u>Robert Beecherl</u>
2. Name of Operator: <u>VERDAD RESOURCES LLC</u>	Phone: <u>(214) 2826419</u>
3. Address: <u>5950 CEDAR SPRINGS ROAD</u>	Fax: _____
City: <u>DALLAS</u> State: <u>TX</u> Zip: <u>75235</u>	Email: <u>bbeecherl@verdadoil.com</u>

5. API Number <u>05-123-45163-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>WARNER</u>	Well Number: <u>01N-64W-17-2H</u>
8. Location: QtrQtr: <u>SESW</u> Section: <u>17</u> Township: <u>1N</u> Range: <u>64W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 04/06/2018 End Date: 04/27/2018 Date of First Production this formation: 06/27/2018
Perforations Top: 7686 Bottom: 17128 No. Holes: 1440 Hole size: 36/100

Provide a brief summary of the formation treatment: Open Hole:

78,500 gallons of 7.5% HCl Acid, 621,926 bbls of FR Water, 19,467 bbls of Treated Water, 93 bbls of Brine, 1,733 bbls of FDP Water, 4,155,029 pounds of 100 Mesh, 15,403,872 pounds of White 40/70.

Flowback volume measured by strapping flowback tank every hour during initial flow back and from tank gauges during permanent facility flowback.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 645295 Max pressure during treatment (psi): 9045

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: Min frac gradient (psi/ft): 0.92

Total acid used in treatment (bbl): 1869 Number of staged intervals: 60

Recycled water used in treatment (bbl): Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): 643333 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 19558901 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: PIPELINE

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/25/2018 Hours: 1 Bbl oil: 26 Mcf Gas: 14 Bbl H2O: 78

Calculated 24 hour rate: Bbl oil: 624 Mcf Gas: 336 Bbl H2O: 1872 GOR: 538

Test Method: Flowback Casing PSI: 100 Tubing PSI: 900 Choke Size: 24/64

Gas Disposition: FLARED Gas Type: WET Btu Gas: 1483 API Gravity Oil: 46

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7180 Tbg setting date: 05/23/2018 Packer Depth: 7180

Reason for Non-Production:

Date formation Abandoned: Squeeze: Yes No If yes, number of sacks cmt

** Bridge Plug Depth: ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

Comment:

Footage at Top of Prod. Zone (Perforation 1432) 490 FSL 843 FWL 1N-64W-17 TVD 7099' MD 7686'
Footage at Bottom Hole (Perforation 1) 683 FNL 836 FWL 1N-64W-8 TVD 7068' MD 17128'

This form 5A is being submitted within 30 days of production through permanent facility.

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

Signed: Print Name: Robert Beecherl
Title: Operations Engineer Date: Email: bbeecherl@verdadoil.com

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)