

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:
401679906

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>05-123-44997-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>BRNAK</u>	Well Number: <u>01-64-10-3H</u>
8. Location: QtrQtr: <u>NWNW</u> Section: <u>10</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: CODELL-FORT HAYS Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 01/08/2018 End Date: 02/12/2018 Date of First Production this formation: 06/27/2018

Perforations Top: 7634 Bottom: 17186 No. Holes: 1432 Hole size: 36/100

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

94,074 gallons of 7.5 % HCl Acid, 614,398 bbls of FR water, 17,765 bbls of Treated Water, 8,156,006 pounds of Premium White 40/70, 10,437,393 pounds of Common White 100 Mesh.

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): 634404 Max pressure during treatment (psi): 9134

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): 2239 Number of staged intervals: 60

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 54644

Fresh water used in treatment (bbl): 632164 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 18593399 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: 03/28/2018 Hours: 1 Bbl oil: 32 Mcf Gas: 15 Bbl H2O: 75

Calculated 24 hour rate: Bbl oil: 782 Mcf Gas: 362 Bbl H2O: 1814 GOR: 463

Test Method: Flowback Casing PSI: 950 Tubing PSI: 0 Choke Size: 22/64

Gas Disposition: FLARED Gas Type: WET Btu Gas: 1535 API Gravity Oil: 44

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7344 Tbg setting date: 04/21/2018 Packer Depth: 7323

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.**

FORMATION: CODELL Status: COMMINGLED Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: _____

Perforations Top: 7640 Bottom: 17185 No. Holes: 1272 Hole size: 36/100

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

Completed Depths: 7,639.6-10,300.3 MD; 10,549.4-13,402.9 MD; 14,257-17,185 MD

This formation is commingled with another formation: Yes No

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

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

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

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

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

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

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

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

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.

FORMATION: FORT HAYS Status: COMMINGLED Treatment Type:

Treatment Date: End Date: Date of First Production this formation:

Perforations Top: 10300 Bottom: 14258 No. Holes: 168 Hole size: 36/100

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

Completed Depths: 10,300.3-10549.4 MD; 13,402.9-14,257.8 MD

This formation is commingled with another formation: Yes No

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

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

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

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

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

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

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

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:

Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

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 FNL 1020 FWL 1N-64W-10 TVD 7255' MD 7634'
Footage at Bottom Hole (Perforation 1) 668 FSL 994 FWL 1N-64W-15 TVD 7265' MD 17186'

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

Title: Beecherl Date: Email: bbeecherl@verdadoil.com

Attachment Check List

Table with columns Att Doc Num and Name. Total Attach: 0 Files

General Comments

Table with columns User Group, Comment, and Comment Date. Stamp Upon Approval

Total: 0 comment(s)