

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: 10651

2. Name of Operator: VERDAD RESOURCES LLC

3. Address: 5950 CEDAR SPRINGS ROAD

City: DALLAS State: TX Zip: 75235

4. Contact Name: Robert Beecherl

Phone: (214) 2826419

Fax:

Email: bbecherl@verdadoil.com

5. API Number 05-123-44997-00

7. Well Name: BRNAK

8. Location: QtrQtr: NWNW Section: 10 Township: 1N Range: 64W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 01-64-10-3H

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: <input type="checkbox"/>		
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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/>			
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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
Date formation Abandoned:	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/>

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: bbecherl@verdadoil.com

Attachment Check List

Att Doc Num Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)