

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:

401700322

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 05-123-46497-00
6. County: WELD
7. Well Name: Jackson
Well Number: 33-7H
8. Location: QtrQtr: NWNW Section: 33 Township: 2N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type:

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

Perforations Top: 7748 Bottom: 12739 No. Holes: 648 Hole size: 36/100

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

Completed Depths: 7748-8803 MD; 9588-10422 MD; 10666-12068 MD; 12422-12769 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: 8803	Bottom: 10666	No. Holes: 72	Hole size: 36/100	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Completed Depths: 8803-9145 MD; 10422-10666 MD					
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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					
<u>Test Information:</u>					
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: <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: NIOBRARA-FT HAYS-CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 04/30/2018 End Date: 05/09/2018 Date of First Production this formation: 08/06/2018

Perforations Top: 7748 Bottom: 12794 No. Holes: 840 Hole size: 36/100

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

38,000 gallons of 7.5 % HCl, 324,825 bbls of FR Water, 4,343 bbls of treated water, 2,611,840 lbs of 100 Mesh, 7,910,700 lbs of White 40/70

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 330072

Max pressure during treatment (psi): 11280

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): 0.89

Total acid used in treatment (bbl): 905

Number of staged intervals: 35

Recycled water used in treatment (bbl):

Flowback volume recovered (bbl): 20847

Fresh water used in treatment (bbl): 329167

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 10522540

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/21/2018 Hours: 24 Bbl oil: 553 Mcf Gas: 311 Bbl H2O: 3180

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR: 563

Test Method: Flowback Casing PSI: 1050 Tubing PSI: Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1171 API Gravity Oil: 42

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7300 Tbg setting date: 05/20/2018 Packer Depth: 7300

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: NIOBRARA Status: COMMINGLED Treatment Type: _____
Treatment Date: _____ End Date: _____ Date of First Production this formation: _____
Perforations Top: 9145 Bottom: 12422 No. Holes: 120 Hole size: 36/100
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Completed Depths: 9145-9589 MD; 12068-12422 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 1080) 30 FNL 2088 FWL 2N-64W-33 TVD 7192' MD 7748'
Footage at Bottom Hole (Perforation 1) 233 FSL 2103 FWL 2N-64W-33 TVD 7214' MD 12794'

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: Beecherl Date: _____ Email: bbeecherl@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)