

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:

01/28/2019

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: 12793 No. Holes: 648 Hole size: 36/100

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

Completed Depths: 7748-8803 MD; 9589-10422 MD; 10666-12068 MD; 12422-12793 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: ☐

Completed Depths: 8803-9145 MD; 10422-10666 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: 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: 09/06/2018

Perforations Top: 7748 Bottom: 12793 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: PIPELINE

**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: 553 Mcf Gas: 311 Bbl H2O: 3180 GOR: 563

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

Gas Disposition: FLARED 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: 1/28/2019 Email: bbeecherl@verdadoil.com  
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**Attachment Check List**

**Att Doc Num Name**

401700322 FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Returned to draft - 1/25/2019 -Operator needs to add additional formation panels -Operator added panels and resubmitted - 1/28/2019	01/25/2019
Permit	Changed gas disposition to Flared per operator Changed 1st production date per operator Filled in calculated 24 hr rate based on 24 hr test Changed bottom perf depth per operator	01/17/2019
Engineer	test volumes that don't seem to be reported in the Form 7 reporting	09/28/2018

Total: 3 comment(s)