

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:

402006627

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: Allison Schieber
Phone: (720) 845-6909
Fax:
Email: regulatory@verdadoil.com

5. API Number 05-123-44624-00
6. County: WELD
7. Well Name: HOMESTEAD
Well Number: 20
8. Location: QtrQtr: NESE Section: 34 Township: 1N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CARLILE Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

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

Perforations Top: 8287 Bottom: 14593 No. Holes: 1080 Hole size: 36/100

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

Top and Bottom Perforation Carlie: 12179-12365

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: <u>CARLILE-CODELL-FORT HAYS</u>		Status: <u>PRODUCING</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>03/04/2018</u>		End Date: <u>03/17/2018</u>		Date of First Production this formation: <u>08/21/2018</u>	
Perforations Top: <u>8128</u>		Bottom: <u>14593</u>		No. Holes: <u>1080</u> Hole size: <u>36/100</u>	
Provide a brief summary of the formation treatment:				Open Hole: <input type="checkbox"/>	
300,650 bbl FR water, 9979 bbl Treated Water, 827 bbl 7.5% HCl Acid, 7368 bbl FDP Water, 1922894 lbs 100 mesh, 6823643 lbs White 40/70 Flowback volume measured by strapping the flowback tank every hour during initial flowback, and from the 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): <u>318824</u>		Max pressure during treatment (psi): <u>9379</u>			
Total gas used in treatment (mcf): _____		Fluid density at initial fracture (lbs/gal): <u>8.33</u>			
Type of gas used in treatment: _____		Min frac gradient (psi/ft): <u>0.92</u>			
Total acid used in treatment (bbl): <u>827</u>		Number of staged intervals: <u>45</u>			
Recycled water used in treatment (bbl): <u>0</u>		Flowback volume recovered (bbl): <u>9241</u>			
Fresh water used in treatment (bbl): <u>317997</u>		Disposition method for flowback: <u>DISPOSAL</u>			
Total proppant used (lbs): <u>8746537</u>		Rule 805 green completion techniques were utilized: <input type="checkbox"/>			
Reason why green completion not utilized: <u>PIPELINE</u>					
Fracture stimulations must be reported on FracFocus.org					
<u>Test Information:</u>					
Date: <u>04/28/2018</u>	Hours: <u>24</u>	Bbl oil: <u>874</u>	Mcf Gas: <u>1210</u>	Bbl H2O: <u>1949</u>	
Calculated 24 hour rate:	Bbl oil: <u>874</u>	Mcf Gas: <u>1210</u>	Bbl H2O: <u>1949</u>	GOR: <u>1385</u>	
Test Method: <u>Flowback</u>	Casing PSI: <u>2000</u>	Tubing PSI: _____	Choke Size: <u>24/64</u>		
Gas Disposition: <u>FLARED</u>	Gas Type: <u>WET</u>	Btu Gas: <u>1338</u>	API Gravity Oil: <u>39</u>		
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: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

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

Perforations Top: 8287 Bottom: 14593 No. Holes: 1080 Hole size: 36/100

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

Top and Bottom Perforation For Codell: 8287-12178, 12604-14593

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: FRACTURE STIMULATION

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

Perforations Top: 8287 Bottom: 14593 No. Holes: 1080 Hole size:

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

Top and Bottom Perforation For Fort Hayes: 12366-12603

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:

The bottom hole and Surface hole on this well have shifted to minimize waste of resources on the Eastern side of the unit due to slightly offset sections in Adams and Weld Counties. In this shift to utilize proper spacing the wells have also been reordered. The Form 5A has been updated to reflect all updates made on the Form 5.

SHL Permitted 2446 FSL, 1000' FEL : Current 2446' FSL, 967' FEL
TPZ Permitted 2185'FSL, 1101'FEL : Current 2156'FSL, 1065 FEL :: MD 8128', TVD 7714'
BHL Permitted 460'FSL, 1523'FEL : Current 460'FSL, 1086 FEL :: MD 14799', TVD 7710'

Tubing was not set at test date.

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

Signed: Print Name: Allison Schieber

Title: Senior Regulatory Analyst Date: Email: regulatory@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)