

FORM  
5A

Rev  
06/12

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109

# State of Colorado

## Oil and Gas Conservation Commission



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Document Number:  
402006688

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>Allison Schieber</u>
2. Name of Operator: <u>VERDAD RESOURCES LLC</u>	Phone: <u>(720) 845-6909</u>
3. Address: <u>5950 CEDAR SPRINGS ROAD</u>	Fax: _____
City: <u>DALLAS</u> State: <u>TX</u> Zip: <u>75235</u>	Email: <u>regulatory@verdadoil.com</u>

5. API Number <u>05-123-44646-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>HOMESTEAD</u>	Well Number: <u>21</u>
8. Location: QtrQtr: <u>NESE</u> Section: <u>34</u> Township: <u>1N</u> Range: <u>66W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

### Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/04/2018 End Date: 03/17/2018 Date of First Production this formation: 08/21/2018  
Perforations Top: 7981 Bottom: 14475 No. Holes: 1080 Hole size: 36/100

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

319575 FR Water, 9639 Treated Water, 902 7.5% HCL Acid, 2269 FDP Water, 2073420 lbs 100 Mesh, 7421520 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:  Yes  No

Total fluid used in treatment (bbl): 332385 Max pressure during treatment (psi): 9279

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): 0.93

Total acid used in treatment (bbl): 902 Number of staged intervals: 45

Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 30394

Fresh water used in treatment (bbl): 331843 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 9494940 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: 04/29/2018 Hours: 24 Bbl oil: 614 Mcf Gas: 369 Bbl H2O: 799

Calculated 24 hour rate: Bbl oil: 614 Mcf Gas: 369 Bbl H2O: 799 GOR: 600

Test Method: Flowback Casing PSI: 1900 Tubing PSI: Choke Size: 24/64

Gas Disposition: FLARED Gas Type: WET Btu Gas: 1338 API Gravity Oil: 39

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.

Tubing was not set at date of test.

SHL Permitted 2446 FSL, 984' FEL : Current 2446' FSL, 951' FEL  
TPZ Permitted 2186'FSL, 942'FEL : Current 2157'FSL, 821' FEL :: MD 7981', TVD 7570'  
BHL Permitted 460'FSL, 1364'FEL : Current 465'FSL, 795 FEL :: MD 14665', TVD 7550'

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**

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Total Attach: 0 Files

### General Comments

**User Group**

**Comment**

**Comment Date**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
		Stamp Upon Approval

Total: 0 comment(s)