

**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



DE ET OE ES

Document Number:

402165661

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 4. Contact Name: Heather Mitchell
2. Name of Operator: VERDAD RESOURCES LLC Phone: (720) 845-6917
3. Address: 5950 CEDAR SPRINGS ROAD Fax: _____
City: DALLAS State: TX Zip: 75235 Email: regulatory@verdadoil.com

5. API Number 05-123-49840-00 6. County: WELD
7. Well Name: PEGGY Well Number: 2501-01H
8. Location: QtrQtr: SESW Section: 25 Township: 9N Range: 60W Meridian: 6
9. Field Name: DJ HORIZONTAL NIOBRARA Field Code: 16950

Completed IntervalFORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATIONTreatment Date: 05/14/2019 End Date: 05/18/2019 Date of First Production this formation: 08/28/2019Perforations Top: 7103 Bottom: 11696 No. Holes: 720 Hole size: 36/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

Fresh water 183,418 bbls, Treated water 6,158 bbls, 7.5% HCL 1,091 bbls, 100 mesh 2,306,300 lbs, 40/70 white sand 4,438,600 lbs
Flowback is measured by strapping a flowback tank every hour during initial flowback and from tank gauges during permanent facility flowback.

This formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 190667Max pressure during treatment (psi): 11507

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): 0.78Total acid used in treatment (bbl): 1091Number of staged intervals: 30

Recycled water used in treatment (bbl): _____

Flowback volume recovered (bbl): 16361Fresh water used in treatment (bbl): 189576Disposition method for flowback: DISPOSALTotal proppant used (lbs): 6744900Rule 805 green completion techniques were utilized: ☐Reason why green completion not utilized: PIPELINE**Fracture stimulations must be reported on FracFocus.org****Test Information:**Date: 08/29/2019 Hours: 24 Bbl oil: 432 Mcf Gas: 141 Bbl H2O: 70Calculated 24 hour rate: Bbl oil: 432 Mcf Gas: 141 Bbl H2O: 70 GOR: 326Test Method: FLOWING Casing PSI: 0 Tubing PSI: 942 Choke Size: 13/64Gas Disposition: SOLD Gas Type: WET Btu Gas: 1335 API Gravity Oil: 34Tubing Size: 2 + 3/8 Tubing Setting Depth: 6701 Tbg setting date: 06/26/2019 Packer Depth: 6708

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:

Footages at Top of Prod. Zone (Perforation 720) 306' FNL 340' FWL Sec 36 T09N R60W: 6214' TVD 7103' MD
Footages at Bottom of Prod. Zone (Perforation 1) 478' FSL 341' FWL Sec 36 T09N R60W: 6194' TVD 11696' MD

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

Signed: _____ Print Name: Heather Mitchell
Title: Regulatory Manager Date: _____ Email: Regulatory@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)