

**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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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>Heather Mitchell</u>
2. Name of Operator: <u>VERDAD RESOURCES LLC</u>	Phone: <u>(720) 845-6917</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>05-123-47781-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Rohn 9-60</u>	Well Number: <u>14A-23-1</u>
8. Location: QtrQtr: <u>NWSE</u> Section: <u>14</u> Township: <u>9N</u> Range: <u>60W</u> Meridian: <u>6</u>	
9. Field Name: <u>WILDCAT</u> Field Code: <u>99999</u>	

### Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/24/2019 End Date: 05/31/2019 Date of First Production this formation: 09/19/2019  
Perforations Top: 7127 Bottom: 13834 No. Holes: 1080 Hole size: 36/100

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

Fresh water 276,819 bbls, Treated water 14957 bbls, 7.5% HCL 3071 bbl, 100 mesh 3247520 lbs, 40/70 white sand 6435460

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  No

Total fluid used in treatment (bbl): 294847 Max pressure during treatment (psi): 11323

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): 0.78

Total acid used in treatment (bbl): 3071 Number of staged intervals: 45

Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 11001

Fresh water used in treatment (bbl): 291776 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 9682980 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: 09/26/2019 Hours: 24 Bbl oil: 227 Mcf Gas: 61 Bbl H2O: 163

Calculated 24 hour rate: Bbl oil: 227 Mcf Gas: 61 Bbl H2O: 163 GOR: 268

Test Method: Flowing Casing PSI: 795 Tubing PSI: 772 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1397 API Gravity Oil: 33

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6738 Tbg setting date: 06/27/2019 Packer Depth: 6746

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 1080) 2046' FSL 960' FWL Sec 14 T09N R60W: 6342' TVD 7127' MD  
Footages at Bottom of Prod. Zone (Perforation 1) 638' FSL 965' FWL Sec 23 T09N R60W: 6337' TVD 13835' 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)