

FORM
5A

Rev
09/20

State of Colorado

Energy & Carbon Management Commission

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



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Document Number:
403513111

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>1125 17TH STREET SUITE 550</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>regulatory@verdadresources.com</u>

5. API Number <u>05-123-51849-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Fawn</u>	Well Number: <u>2833-02H</u>
8. Location: QtrQtr: <u>SESW</u> Section: <u>22</u> Township: <u>1N</u> Range: <u>65W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 06/07/2023 End Date: 06/24/2023 Date this Formation was Completed: 09/05/2023

Perforations Top: 8986 Bottom: 18579 No. Holes: 1592 Hole size: 36/100 Open Hole:

Describe the Formation Treatment, including the following: type of fluid used (gel, slickwater, etc.), type and concentration of acid used (HCl, HF, etc.), types and amounts of proppant(s) used, depth details of multiple zones, and method used to determine flowback volume.

FR Water 452,467bbl, Treated Water 13,862 bbl, Fresh Water 2,527bbl, (19,691,961 gals), 28% HCL 834 bbl. Proppant: 100 Mesh 10,174,955 lbs, 40/70 white sand: 9,834,505 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 No

Total fluid used in treatment (bbl): 469690 Max pressure during treatment (psi): 11208

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): 834 Number of staged intervals: 48

Recycled or Reused Fluids used in treatment (bbl): _____ Flowback volume recovered (bbl): 26120

Fresh water used in treatment (bbl): 468856 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 20009460

Fracture stimulations must be reported on FracFocus.org

Test Information:

09/07/2023 Hours: 24 Bbl oil: 724 Mcf Gas: 423 Bbl H2O: 997
Date Calculated 24 hour rate: Bbl oil: 724 Mcf Gas: 423 Bbl H2O: 997 GOR: 584
Test Method: FLOWING Casing PSI: 0 Tubing PSI: 1480 Choke Size: 41/64
Gas Disposition: SOLD Gas Type: SHALE Btu Gas: 1588 API Gravity Oil: 46
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8239 Tbg setting date: 08/31/2023 Packer Depth: 8220

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 1592) 8986' MD, 7238' TVD490' FNL 1,976' FEL Sec 28 T1N R65W
Footages at Bot of Prod. Zone (Perforation 1) 18,579' MD, 7272' TVD 522' FSL 1,955' FEL Sec 33 T1N R65W
This well has a BHL beyond the unit boundary setback.
The Bottom of the completed interval is within the boundary setback 522' FSL, 1955 FEL: Sec 33 T1N R65W. The wellbore beyond the unit setback is physically isolated by a frac plug set at 18594'. Verdadr certifies that none of the wellbore beyond the unit boundary setback was completed.

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@verdadrresources.com

Attachment List

Att Doc Num	Name
403538834	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)