

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:

404084383

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. ECMC 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>1125 17TH STREET SUITE 600</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>aschieber@verdadresources.com</u>

5. API Number <u>05-123-52494-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Speed Goat Fed 3432</u>	Well Number: <u>04H</u>
8. Location: QtrQtr: <u>NENE</u> Section: <u>34</u> Township: <u>9N</u> Range: <u>58W</u> Meridian: <u>6</u>	
9. Field Name: <u>DJ HORIZONTAL NBRR-FH-CODL-</u> Field Code: <u>16952</u>	

## Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 10/25/2024 End Date: 11/07/2024 Date this Formation was Completed: 02/01/2025

Perforations Top: 6614 Bottom: 19329 No. Holes: 2013 Hole size: 35/100 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 538,793 bbl, Treated Water 25,360 bbl, Fresh Water 1,647 bbl, (23, gals), 28% HCL 532 bbl. Proppant: 100 Mesh 7,961,082 lbs, 40/70 white sand: 23,873,465 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): 566332 Max pressure during treatment (psi): 11044

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): 0.84

Total acid used in treatment (bbl): 532 Number of staged intervals: 61

Recycled or Reused Fluids used in treatment (bbl): \_\_\_\_\_ Flowback volume recovered (bbl): 21299

Fresh water used in treatment (bbl): 565800 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 31834547

**Fracture stimulations must be reported on FracFocus.org**

### Test Information:

01/20/2025 Hours: 24 Bbl oil: 499 Mcf Gas: 641 Bbl H2O: 477

Calculated 24 hour rate: Bbl oil: 499 Mcf Gas: 641 Bbl H2O: 477 GOR: 1284

Test Method: flowing Casing PSI: 550 Tubing PSI: \_\_\_\_\_ Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1453 API Gravity Oil: 40

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6092 Tbg setting date: 01/30/2025 Packer Depth: 6077

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 2013) 6614' MD 5733' TVD; 2,142' FNL 2,520' FWL Sec 34 T9N R58W  
Footages at Bot of Prod. Zone (Perforation 1) 19329' MD 5831' TVD; 2,053' FNL 356' FWL Sec 32 T9N R58W

This well has a bottom-hole location beyond the unit boundary setback.  
The bottom of the completed interval is within the boundary setback 2,053' FNL 356' FWL Sec 32 T9N R58W. The wellbore beyond the unit setback is physically isolated by a frac plug set at 19344'. 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: Allison Schieber

Title: Regulatory Date: \_\_\_\_\_ Email: aschieber@verdadrresources.com

### ATTACHMENT LIST

Att Doc Num	Name
404109837	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)