

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



DE	ET	OE	ES
----	----	----	----

Document Number:
404084669

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>05-123-52497-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Speed Goat Fed 3435</u>	Well Number: <u>14H</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: 11/30/2024 End Date: 12/05/2024 Date this Formation was Completed: 01/30/2025

Perforations Top: 6926 Bottom: 14375 No. Holes: 1188 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 302688 bbl, Treated Water 12981 bbl, Fresh Water 972 bbl, (13298902 gals), 28% HCL 314 bbl. Proppant: 100 Mesh 4430500 lbs, 40/70 white sand: 13222295 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): 316954 Max pressure during treatment (psi): 11381

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): 0.79

Total acid used in treatment (bbl): 314 Number of staged intervals: 36

Recycled or Reused Fluids used in treatment (bbl): _____ Flowback volume recovered (bbl): 9032

Fresh water used in treatment (bbl): 316641 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 17652795

Fracture stimulations must be reported on FracFocus.org

Test Information:

01/30/2025 Hours: 24 Bbl oil: 363 Mcf Gas: 261 Bbl H2O: 587
Date: 01/30/2025 Calculated 24 hour rate: Bbl oil: 363 Mcf Gas: 261 Bbl H2O: 587 GOR: 719
Test Method: flowing Casing PSI: 620 Tubing PSI: _____ Choke Size: 20/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1453 API Gravity Oil: 40
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6373 Tbg setting date: 01/28/2025 Packer Depth: 6358

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 6926'MD 5637'TVD; (Perforation 1188) 2,707' FSL 2,520' FEL Sec 34 T9N R58W
Footages at Bot of Prod. Zone 14375'MD 5620'TVD; (Perforation 1) 2,578' FSL 246' FEL Sec 35 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 32,578' FSL 246' FEL Sec 35 T9N R58W. The wellbore beyond the unit setback is physically isolated by a frac plug set at 14390'. Verdad certifies that none of the wellbore beyond the unit boundary setback was completed.
WBD will be submitted separately.

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@verdadresources.com

ATTACHMENT LIST

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
--	--	---------------------

Total: 0 comment(s)