

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:
404113313

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: 10651
2. Name of Operator: VERDAD RESOURCES LLC
3. Address: 1125 17TH STREET SUITE 600
City: DENVER State: CO Zip: 80202
4. Contact Name: Allison Schieber
Phone: (720) 845-6909
Fax: _____
Email: regulatory@verdadresources.com

5. API Number 05-123-52504-00
6. County: WELD
7. Well Name: Speed Goat Fed 3432
Well Number: 08H
8. Location: QtrQtr: NENE Section: 34 Township: 9N Range: 58W Meridian: 6
9. Field Name: DJ HORIZONTAL NBRR-FH-CODL- Field Code: 16952

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 11/08/2024 End Date: 11/21/2024 Date this Formation was Completed: 02/03/2025

Perforations Top: 7881 Bottom: 20603 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 550,648 bbl, Treated Water 29,848 bbl, Fresh Water 2,034 bbl, (24493813 gals), 28% HCL 656 bbl. Proppant: 100 Mesh 7,853,222 lbs, 40/70 white sand: 23,501,185 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): 583186 Max pressure during treatment (psi): 11244

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): 0.83

Total acid used in treatment (bbl): 656 Number of staged intervals: 61

Recycled or Reused Fluids used in treatment (bbl): _____ Flowback volume recovered (bbl): 20527

Fresh water used in treatment (bbl): 582530 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 31254407

Fracture stimulations must be reported on FracFocus.org

Test Information:

01/27/2025 Hours: 24 Bbl oil: 219 Mcf Gas: 658 Bbl H2O: 722

Calculated 24 hour rate: Bbl oil: 219 Mcf Gas: 658 Bbl H2O: 722 GOR: 3005

Test Method: Flowing Casing PSI: 660 Tubing PSI: _____ Choke Size: 16/64

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7055 Tbg setting date: 02/01/2025 Packer Depth: 7040

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 7881MD 5755TVD(Perforation 2013) 796' FSL 2,521' FWL Sec 34 T9N R58W
Footages at Bot of Prod. Zone 20603MD 5822TVD(Perforation 1) 907' FSL 347' 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 907' FSL 347' FWL Sec 32 T9N R58W The wellbore beyond the unit setback is physically isolated by a frac plug set at 20618'. Verdad 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: regulatory@verdadresources.com

ATTACHMENT LIST

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)