

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:  
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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. 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>05-123-52498-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Speed Goat Fed 3432</u>	Well Number: <u>09H</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: 11/07/2024 End Date: 11/20/2024 Date this Formation was Completed: 02/03/2025

Perforations Top: 7906 Bottom: 20624 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 541,490 bbl, Treated Water 30,840 bbl, Fresh Water 2,286 bbl, (24133883 gals), 28% HCL 738 bbl. Proppant: 100 Mesh 7478003 lbs, 40/70 white sand: 22325712 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): 575354 Max pressure during treatment (psi): 11335

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): 0.80

Total acid used in treatment (bbl): 738 Number of staged intervals: 61

Recycled or Reused Fluids used in treatment (bbl): \_\_\_\_\_ Flowback volume recovered (bbl): 19421

Fresh water used in treatment (bbl): 574616 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 29803715

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

### Test Information:

01/27/2025 Hours: 24 Bbl oil: 194 Mcf Gas: 658 Bbl H2O: 893  
Date: 01/27/2025 Calculated 24 hour rate: Bbl oil: 194 Mcf Gas: 658 Bbl H2O: 893 GOR: 3392  
Test Method: Flowing Casing PSI: 680 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: 7047 Tbg setting date: 02/02/2025 Packer Depth: 7033

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 7906MD(Perforation 2013) 516' FSL 2,521' FWL Sec 34 T9N R58W  
Footages at Bot of Prod. Zone 20624MD 5757TVD (Perforation 1) 343' FSL 355' 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 343' FSL 355' FWL Sec 32 T9N R58W The wellbore beyond the unit setback is physically isolated by a frac plug set at 20639'. 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: aschieber@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)