

**FORM  
5A**  
Rev  
06/12

**State of Colorado  
Oil and Gas Conservation Commission**

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



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

Document Number:  
401423805

Date Received:  
12/21/2017

**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>Robert Beecherl</u>
2. Name of Operator: <u>VERDAD RESOURCES LLC</u>	Phone: <u>(214) 2826419</u>
3. Address: <u>5950 CEDAR SPRINGS ROAD</u>	Fax: _____
City: <u>DALLAS</u> State: <u>TX</u> Zip: <u>75235</u>	Email: <u>bbeecherl@verdadoil.com</u>

5. API Number <u>05-123-44648-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Lost Creek</u>	Well Number: <u>03-62-08-2H</u>
8. Location: QtrQtr: <u>NWNW</u> Section: <u>8</u> Township: <u>3N</u> Range: <u>62W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

### Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 09/28/2017 End Date: 10/07/2017 Date of First Production this formation: 12/02/2017  
Perforations Top: 6877 Bottom: 13801 No. Holes: 1056 Hole size: 036/100

Provide a brief summary of the formation treatment: Open Hole:

15,847,848 gallons of FR-76 Water  
35,500 gallons of 7.5% HCL  
403,744 gallons of Treated Water  
1,348,660 pounds of 100 Mesh White  
14,423,380 pounds of Premium White - 40/70

Flowback volume measured by strapping flowback tank every hour during initial flow back and from tank gauges during permanent facility flowback.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 387788 Max pressure during treatment (psi): 3715

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.33

Type of gas used in treatment: Min frac gradient (psi/ft): 0.92

Total acid used in treatment (bbl): 845 Number of staged intervals: 44

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 46552

Fresh water used in treatment (bbl): 386942 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 15772040 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: PIPELINE

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

#### Test Information:

Date: 12/09/2017 Hours: 24 Bbl oil: 260 Mcf Gas: 92 Bbl H2O: 92

Calculated 24 hour rate: Bbl oil: 260 Mcf Gas: 92 Bbl H2O: 92 GOR: 353

Test Method: Flowback Casing PSI: 1067 Tubing PSI: 843 Choke Size: 10/64

Gas Disposition: FLARED Gas Type: WET Btu Gas: 1473 API Gravity Oil: 40

Tubing Size: 2 + 7/8 Tubing Setting Depth: 6646 Tbg setting date: 11/01/2017 Packer Depth:

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:

Footage at Top of Prod. Zone (Perforation 1056) 491 FNL 499 FWL 3N-62W-08 TVD 6349' MD 6877'  
Footage at Bottom Hole (Perforation 1) 2120 FNL 499 FWL 3N-62W-17 TVD 6349' MD13801'

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Print Name: Robert Beecherl

Title: Operations Engineer Date: 12/21/2017 Email: bbeecherl@verdadoil.com

### Attachment Check List

Att Doc Num	Name
401423805	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

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

Total: 0 comment(s)