

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



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Document Number:

400634799

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. OGCC Operator Number: 10456
2. Name of Operator: CAERUS PICEANCE LLC
3. Address: 600 17TH STREET #1600N
City: DENVER State: CO Zip: 80202
4. Contact Name: Crissy Venturo
Phone: (720) 352-7916
Fax:
Email: cventuro@progressivepcs.net

5. API Number 05-045-22315-00
6. County: GARFIELD
7. Well Name: NOLTE SWD
Well Number: 1-14
8. Location: QtrQtr: SESE Section: 14 Township: 7S Range: 96W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: COZZETTE Status: INJECTING Treatment Type: FRACTURE STIMULATION
Treatment Date: 06/27/2014 End Date: 08/03/2014 Date of First Production this formation:
Perforations Top: 5833 Bottom: 6094 No. Holes: 400 Hole size:
Provide a brief summary of the formation treatment: Open Hole: ☐
This formation is commingled with another formation: ☒ Yes ☐ No
Total fluid used in treatment (bbl): Max pressure during treatment (psi):
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):
Type of gas used in treatment: Min frac gradient (psi/ft):
Total acid used in treatment (bbl): Number of staged intervals:
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): Disposition method for flowback: DISPOSAL
Total proppant used (lbs): Rule 805 green completion techniques were utilized: ☐
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:
Test Method: Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:
Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:
Reason for Non-Production: Caerus will be injecting into the COZZ formation
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.

FORMATION: <u>CORCORAN</u>		Status: <u>INJECTING</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>06/27/2014</u>		End Date: <u>08/03/2014</u>		Date of First Production this formation: _____	
Perforations	Top: <u>6140</u>	Bottom: <u>6290</u>	No. Holes: <u>152</u>	Hole size: _____	

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

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): _____	Max pressure during treatment (psi): _____
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): _____
Type of gas used in treatment: _____	Min frac gradient (psi/ft): _____
Total acid used in treatment (bbl): _____	Number of staged intervals: _____
Recycled water used in treatment (bbl): _____	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____	Disposition method for flowback: <u>DISPOSAL</u>
Total proppant used (lbs): _____	Rule 805 green completion techniques were utilized: <input type="checkbox"/>

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____	Hours: _____	Bbl oil: _____	Mcf Gas: _____	Bbl H2O: _____
Calculated 24 hour rate: _____	Bbl oil: _____	Mcf Gas: _____	Bbl H2O: _____	GOR: _____
Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____	
Gas Disposition: _____	Gas Type: _____	Btu Gas: _____	API Gravity Oil: _____	
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____	

Reason for Non-Production: Caerus will be injecting into the CRCRN formation

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.

FORMATION: COZZETTE-CORCORAN Status: INJECTING Treatment Type: FRACTURE STIMULATION

Treatment Date: 06/27/2014 End Date: 10/05/2014 Date of First Production this formation:

Perforations Top: 5833 Bottom: 6290 No. Holes: 552 Hole size: 0.42

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

COZZ-CRCRN: Frac'd with 44,647 bbls of slickwater and 24 bbls of 7.5% HCL Acid.

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 44647 Max pressure during treatment (psi): 4248

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.40

Type of gas used in treatment: Min frac gradient (psi/ft): 0.71

Total acid used in treatment (bbl): 24 Number of staged intervals: 1

Recycled water used in treatment (bbl): 44647 Flowback volume recovered (bbl): 0

Fresh water used in treatment (bbl): 0 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 0 Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:

Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production: Caerus will be injecting into the COZZ and CRCRN formations

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:

Please note: this is a proposed injection well pending COGCC Form 31 and Form 33 approval to inject into the Cozzette and Corcoran formations. A production packer is set @ 5782'. Please see the attached wellbore diagram. Since this is a proposed injection well, there is zero data for production.

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

Signed: Print Name: Crissy Venturo

Title: Permit Representative Date: Email: cventuro@progressivepcs.net

Attachment Check List

Att Doc Num	Name
400723446	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)