

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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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 05-045-22402-00 6. County: GARFIELD 7. Well Name: ISLAND RANCH Well Number: 21C-24 8. Location: QtrQtr: LOT 11 Section: 13 Township: 7S Range: 96W Meridian: 6 9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 09/29/2014 End Date: 10/03/2014 Date of First Production this formation: 10/05/2014 Perforations Top: 4637 Bottom: 6281 No. Holes: 189 Hole size: 0.34

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

WFCM - Frac'd with 55,796 bbls slickwater and 1,008 bbls 7.5% HCL Acid.

This formation is commingled with another formation: [ ] Yes [X] No Total fluid used in treatment (bbl): 55796 Max pressure during treatment (psi): 5993 Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.44 Type of gas used in treatment: Min frac gradient (psi/ft): 0.70 Total acid used in treatment (bbl): 1008 Number of staged intervals: 7 Recycled water used in treatment (bbl): 55796 Flowback volume recovered (bbl): 3613 Fresh water used in treatment (bbl): 0 Disposition method for flowback: RECYCLE Total proppant used (lbs): 0 Rule 805 green completion techniques were utilized: [X] Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 10/20/2014 Hours: 24 Bbl oil: 0 Mcf Gas: 1981 Bbl H2O: 174 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1981 Bbl H2O: 174 GOR: 0 Test Method: Flowing Casing PSI: 1400 Tubing PSI: 1050 Choke Size: 22/64 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1080 API Gravity Oil: 0 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6078 Tbg setting date: 10/18/2014 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:

No wellbore diagram available. All water used in this completion was 100% recycled water.

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  
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### **Attachment Check List**

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### **General Comments**

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