

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



Table with columns DE, ET, OE, ES

Document Number: 400724891

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 05-045-22395-00
6. County: GARFIELD
7. Well Name: ISLAND RANCH
Well Number: 21D-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: 09/26/2014 End Date: 09/29/2014 Date of First Production this formation: 10/02/2014

Perforations Top: 4743 Bottom: 6410 No. Holes: 189 Hole size: 0.34

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

WFCM - Frac'd with 55,976 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): 55976 Max pressure during treatment (psi): 5995

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): 0.71

Total acid used in treatment (bbl): 1008 Number of staged intervals: 7

Recycled water used in treatment (bbl): 55976 Flowback volume recovered (bbl): 2924

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: 10/02/2014 Hours: 24 Bbl oil: 0 Mcf Gas: 836 Bbl H2O: 1084

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 836 Bbl H2O: 1084 GOR: 0

Test Method: Flowing Casing PSI: 900 Tubing PSI: 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: 6217 Tbg setting date: 10/19/2014 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

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

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