

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

5. API Number 05-045-22400-00 6. County: GARFIELD
 7. Well Name: ISLAND RANCH Well Number: 23A-13
 8. Location: QtrQtr: Lot 10 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: 09/15/2014 End Date: 09/18/2014 Date of First Production this formation: 09/18/2014
 Perforations Top: 4277 Bottom: 6000 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 No
 Total fluid used in treatment (bbl): 55976 Max pressure during treatment (psi): 6113
 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): 0.72
 Total acid used in treatment (bbl): 1008 Number of staged intervals: 7
 Recycled water used in treatment (bbl): 55976 Flowback volume recovered (bbl): 7670
 Fresh water used in treatment (bbl): 0 Disposition method for flowback: RECYCLE
 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: 09/21/2014 Hours: 24 Bbl oil: 0 Mcf Gas: 828 Bbl H2O: 2720
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 828 Bbl H2O: 2720 GOR: 0
 Test Method: Flowing Casing PSI: 950 Tubing PSI: _____ Choke Size: 24/64
 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1080 API Gravity Oil: 0
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 5776 Tbg setting date: 10/07/2014 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

Att Doc Num **Name**

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

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General Comments

User Group **Comment** **Comment Date**

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

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