

FORM 5A

Rev 06/12

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State of Colorado

Oil and Gas Conservation Commission



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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 05-045-22403-00 6. County: GARFIELD  
 7. Well Name: ISLAND RANCH Well Number: 23B-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: 09/20/2014

Perforations Top: 4262 Bottom: 5832 No. Holes: 189 Hole size: 0.34

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

WFCM - Frac'd with bbls 57,976 slickwater and 1,008 bbls 7.5% HCL Acid.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 57976 Max pressure during treatment (psi): 5935

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): 57976 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: 5599 Tbg setting date: 10/08/2014 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**

Att Doc Num	Name

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User Group	Comment	Comment Date

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