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
2. Name of Operator: CAERUS PICEANCE LLC
3. Address: 600 17TH STREET #1600N
City: DENVER State: CO Zip: 80202
4. Contact Name: Natalie Naeve
Phone: (720) 505-6080
Fax: (303) 565-4606
Email: nnaeve@caerusoilandgas.com

5. API Number 05-045-22621-00
6. County: GARFIELD
7. Well Name: Puckett
Well Number: 12B-1
8. Location: QtrQtr: 66 Section: 2 Township: 7S Range: 97W Meridian: 6
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

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

Treatment Date: 10/01/2015 End Date: 10/06/2015 Date of First Production this formation: 10/10/2015

Perforations Top: 7201 Bottom: 8787 No. Holes: 189 Hole size: 0.36

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

Frac'd with 56,000bbls slickwater and 84bbls of 7.5% HCL acid

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

Total fluid used in treatment (bbl): 56000
Max pressure during treatment (psi): 7530
Total gas used in treatment (mcf): 0
Fluid density at initial fracture (lbs/gal): 8.40
Type of gas used in treatment:
Min frac gradient (psi/ft): 0.53
Total acid used in treatment (bbl): 84
Number of staged intervals: 7
Recycled water used in treatment (bbl): 56000
Flowback volume recovered (bbl): 15129
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: 10/10/2015 Hours: 24 Bbl oil: 0 Mcf Gas: 2119 Bbl H2O: 515

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 2119 Bbl H2O: 515 GOR: 0

Test Method: Flowing Casing PSI: 985 Tubing PSI: 0 Choke Size: 48

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1080 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8628 Tbg setting date: 10/24/2015 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:

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

Signed: _____ Print Name: Natalie Naeve

Title: Operations Engineer Date: _____ Email: nnaeve@caerusoilandgas.com

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)