

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400887249

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

5. API Number 05-045-22627-00 6. County: GARFIELD
7. Well Name: Puckett Well Number: 41C-2
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: 10/07/2015 End Date: 10/12/2015 Date of First Production this formation: 10/17/2015
Perforations Top: 7234 Bottom: 8843 No. Holes: 186 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 [X] No
Total fluid used in treatment (bbl): 56000 Max pressure during treatment (psi): 6800
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): 0.51
Total acid used in treatment (bbl): 84 Number of staged intervals: 7
Recycled water used in treatment (bbl): 56000 Flowback volume recovered (bbl): 8195
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: 10/17/2015 Hours: 24 Bbl oil: 0 Mcf Gas: 2105 Bbl H2O: 904
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 2105 Bbl H2O: 904 GOR: 0
Test Method: Flowing Casing PSI: 950 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: 8651 Tbg setting date: 10/21/2015 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:

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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

<u>Att Doc Num</u>	<u>Name</u>
400887249	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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