

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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: 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 05-045-22632-00 6. County: GARFIELD
7. Well Name: Puckett Well Number: 42A-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: 10/02/2015 End Date: 10/06/2015 Date of First Production this formation: 10/09/2015

Perforations Top: 7050 Bottom: 8708 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): 7600

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): 0.50

Total acid used in treatment (bbl): 84 Number of staged intervals: 7

Recycled water used in treatment (bbl): 56000 Flowback volume recovered (bbl): 8516

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: 10/09/2015 Hours: 24 Bbl oil: 0 Mcf Gas: 1622 Bbl H2O: 2779

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1622 Bbl H2O: 2779 GOR: 0

Test Method: Flowing Casing PSI: 790 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: 8506 Tbg setting date: 10/20/2015 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
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Attachment Check List

Att Doc Num **Name**

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Total Attach: 0 Files

General Comments

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

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Total: 0 comment(s)