

FORM
5ARev
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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Document Number:

400887272

Date Received:

12/10/2015

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 Fax: (303) 565-4606
 City: DENVER State: CO Zip: 80202 Email: nnaeve@caerusoilandgas.com

5. API Number 05-045-22624-00 6. County: GARFIELD
 7. Well Name: Puckett Well Number: 43B-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: 09/13/2015 End Date: 09/18/2015 Date of First Production this formation: 09/28/2015
 Perforations Top: 6980 Bottom: 8710 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 ☒ NoTotal fluid used in treatment (bbl): 56084Max pressure during treatment (psi): 6370Total gas used in treatment (mcf): 0Fluid density at initial fracture (lbs/gal): 8.40

Type of gas used in treatment: _____

Min frac gradient (psi/ft): 0.49Total acid used in treatment (bbl): 84Number of staged intervals: 7Recycled water used in treatment (bbl): 56000Flowback volume recovered (bbl): 7190Fresh water used in treatment (bbl): 0Disposition method for flowback: RECYCLETotal proppant used (lbs): 0Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 09/28/2015 Hours: 24 Bbl oil: 0 Mcf Gas: 1036 Bbl H2O: 1548
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1036 Bbl H2O: 1548 GOR: 0
 Test Method: Flowing Casing PSI: 655 Tubing PSI: 0 Choke Size: 48/64
 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1080 API Gravity Oil: 0
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 8513 Tbg setting date: 10/18/2015 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: 12/10/2015 Email nnaeve@caerusoilandgas.com
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Attachment Check List

Att Doc Num **Name**

400887272	FORM 5A SUBMITTED
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Total Attach: 1 Files

General Comments

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

Permit	Reminded operator to post Frac Focus.	12/30/2015 2:57:51 PM
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Total: 1 comment(s)