

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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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: 1001 17TH STREET #1600
City: DENVER State: CO Zip: 80202
4. Contact Name: Natalie Naeve
Phone: (720) 880-6331
Fax: (303) 565-4606
Email: nnaeve@caerusoilandgas.com

5. API Number 05-045-22615-00
6. County: GARFIELD
7. Well Name: Puckett
Well Number: 13D-1
8. Location: QtrQtr: SESE Section: 2 Township: 7S Range: 97W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

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

Treatment Date: 05/22/2016 End Date: 05/25/2016 Date of First Production this formation: 06/01/2016

Perforations Top: 6975 Bottom: 8609 No. Holes: 189 Hole size: 0.36

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

Frac'd with 56,000bbls slickwater and 12bbls 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): 8147

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): 12 Number of staged intervals: 7

Recycled water used in treatment (bbl): 56000 Flowback volume recovered (bbl): 7070

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: 06/01/2016 Hours: 24 Bbl oil: 0 Mcf Gas: 2111 Bbl H2O: 1816

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 2111 Bbl H2O: 1816 GOR: 0

Test Method: Flowing Casing PSI: 459 Tubing PSI: Choke Size: 48

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8432 Tbg setting date: 06/18/2016 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: 7/12/2016 Email: nnaeve@caerusoilandgas.com
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401051930	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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