

FORM
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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:

401468066

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: Garrett Elsener
 2. Name of Operator: CAERUS PICEANCE LLC Phone: (303) 565-4600
 3. Address: 1001 17TH STREET #1600 Fax: (303) 565-4606
 City: DENVER State: CO Zip: 80202 Email: garrett@caerusoilandgas.com

5. API Number 05-045-23368-00 6. County: GARFIELD
 7. Well Name: Puckett Well Number: 22C-26-697
 8. Location: QtrQtr: NWNE Section: 26 Township: 6S Range: 97W Meridian: 6
 9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: MESAVERDE Status: PRODUCING Treatment Type: FRACTURE STIMULATIONTreatment Date: 08/22/2017 End Date: 08/25/2017 Date of First Production this formation: 09/21/2017Perforations Top: 7198 Bottom: 8852 No. Holes: 189 Hole size: 0.37

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac'd with 56,000 bbls slickwater and 171 bbls 7.5% HCl acid.

This formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 56000Max pressure during treatment (psi): 8576Total 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): 0.50Total acid used in treatment (bbl): 171Number of staged intervals: 7Recycled water used in treatment (bbl): 56000Flowback volume recovered (bbl): 23020Fresh 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: 09/21/2017 Hours: 24 Bbl oil: 0 Mcf Gas: 1011 Bbl H2O: 1563Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1011 Bbl H2O: 1563 GOR: 0Test Method: Flowing Casing PSI: 1920 Tubing PSI: 600 Choke Size: 48Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1055 API Gravity Oil: _____Tubing Size: 2 + 3/8 Tubing Setting Depth: 8566 Tbg setting date: 09/15/2017 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: Garrett Elsener

Title: Completions Engineer Lead Date: _____ Email garrett@caerusoilandgas.com
:

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)