

FORM 5A

Rev 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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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: Chad Tompkins
 2. Name of Operator: CAERUS PICEANCE LLC Phone: (970) 618-8913
 3. Address: 1001 17TH STREET #1600 Fax: _____
 City: DENVER State: CO Zip: 80202 Email: ctompkins@caerusoilandgas.com

5. API Number 05-045-11345-00 6. County: GARFIELD
 7. Well Name: N. PARACHUTE Well Number: WF11B K10 596
 8. Location: QtrQtr: NESW Section: 10 Township: 5S Range: 96W Meridian: 6
 9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK Status: TEMPORARILY ABANDONED Treatment Type: _____
 Treatment Date: _____ End Date: _____ Date of First Production this formation: _____
 Perforations Top: 6000 Bottom: 9261 No. Holes: 225 Hole size: 43/100
 Provide a brief summary of the formation treatment: _____ Open Hole:
 This formation is commingled with another formation: Yes No
 Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____
 Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____
 Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____
 Total acid used in treatment (bbl): _____ Number of staged intervals: _____
 Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
 Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____
 Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:
 Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
 Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____
 Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
 Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____
 Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: RBP set down hole for offset drilling and frac safety. Three sacks of sand set on top of RBP. TA is being requested because Caerus will return this well to production when the frac is complete.

Date formation Abandoned: 11/13/2017 Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: 5945 ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

Comment:

This submission is to report the safety TA of the well.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Jason Eckman

Title: Sr. Regulatory Analyst Date: _____ Email: jeckman@caerusoilandgas.com
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Attachment Check List

Att Doc Num **Name**

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files

General Comments

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

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)