

**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



DE	ET	OE	ES
----	----	----	----

Document Number:

401639527

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: Marina Ayala
2. Name of Operator: CAERUS PICEANCE LLC Phone: (720) 880-6355
3. Address: 1001 17TH STREET #1600 Fax: _____
City: DENVER State: CO Zip: 80202 Email: mayala@caerusoilandgas.com

5. API Number 05-045-23389-00 6. County: GARFIELD
7. Well Name: Puckett Well Number: 15A-23 697
8. Location: QtrQtr: SESW Section: 23 Township: 6S Range: 97W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed IntervalFORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATIONTreatment Date: 04/04/2018 End Date: 04/08/2018 Date of First Production this formation: 04/16/2018Perforations Top: 7120 Bottom: 8876 No. Holes: 189 Hole size: 0.37

Provide a brief summary of the formation treatment:

Open Hole: ☐Frac'd with 55982bbls slickwater and 83bbls of 7.5% HCL acidThis formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 56065Max pressure during treatment (psi): 8032Total gas used in treatment (mcf): 0Fluid density at initial fracture (lbs/gal): 8.43

Type of gas used in treatment: _____

Min frac gradient (psi/ft): 0.48Total acid used in treatment (bbl): 83Number of staged intervals: 7Recycled water used in treatment (bbl): 55982Flowback volume recovered (bbl): 18760Fresh 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: 04/16/2018 Hours: 24 Bbl oil: 0 Mcf Gas: 1203 Bbl H2O: 1981Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1203 Bbl H2O: 1981 GOR: 0Test Method: FLOWING Casing PSI: 800 Tubing PSI: _____ Choke Size: 48/64Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1080 API Gravity Oil: 0Tubing Size: 2 + 3/8 Tubing Setting Depth: 8585 Tbg setting date: 04/30/2018 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: Marina Ayala

Title: Completions Tech Date: _____ Email mayala@caerusoilandgas.com
:

Attachment Check List

Att Doc Num **Name**

--	--

Total Attach: 0 Files

General Comments

User Group **Comment**

Comment Date

		Stamp Upon Approval
--	--	------------------------

Total: 0 comment(s)