

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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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 4. Contact Name: Maarina 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 05-045-23205-00 6. County: GARFIELD
 7. Well Name: Puckett Well Number: 34B-24
 8. Location: QtrQtr: SESE Section: 24 Township: 6S Range: 97W Meridian: 6
 9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

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

Treatment Date: 06/26/2018 End Date: 06/29/2018 Date of First Production this formation: 07/01/2018

Perforations Top: 7157 Bottom: 8859 No. Holes: 189 Hole size: 0.37

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

Frac'd with 55925bbbls slickwater and 83bbbls of 7.5% HCL acid

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 56008 Max pressure during treatment (psi): 7967

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.43

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.46

Total acid used in treatment (bbl): 83 Number of staged intervals: 7

Recycled water used in treatment (bbl): 55925 Flowback volume recovered (bbl): 22326

Fresh water used in treatment (bbl): 0 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 0 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 07/01/2018 Hours: 24 Bbl oil: 0 Mcf Gas: 899 Bbl H2O: 2424

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 899 Bbl H2O: 2424 GOR: 0

Test Method: FLOWING Casing PSI: 550 Tubing PSI: _____ 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: 8431 Tbg setting date: 08/06/2018 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:

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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: Marina Ayala
Title: Completions Tech Date: _____ Email: mayala@caerusoilandgas.com
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Attachment Check List

Att Doc Num **Name**

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Total Attach: 0 Files

General Comments

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

		Stamp Upon Approval
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