

FORM
5ARev
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:

401442725

Date Received:

11/14/2017

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: Kyle Davis
 2. Name of Operator: CAERUS PICEANCE LLC Phone: (720) 8806375
 3. Address: 1001 17TH STREET #1600 Fax: _____
 City: DENVER State: CO Zip: 80202 Email: kdavis@caerusoilandgas.com

5. API Number 05-045-23358-00 6. County: GARFIELD
 7. Well Name: Puckett Well Number: 32A-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: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATIONTreatment Date: 08/19/2017 End Date: 08/21/2017 Date of First Production this formation: 08/29/2017Perforations Top: 7088 Bottom: 8816 No. Holes: 189 Hole size: 0.37Provide a brief summary of the formation treatment: Open Hole: ☐

Frac'd with 56,046 bbls slickwater and 137 bbls 7.5% HCl acid.

This formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 56046Max pressure during treatment (psi): 7981Total 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): 20.50Total acid used in treatment (bbl): 137Number of staged intervals: 7Recycled water used in treatment (bbl): 56046Flowback volume recovered (bbl): 18174Fresh 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: 08/29/2017 Hours: 24 Bbl oil: 0 Mcf Gas: 696 Bbl H2O: 1572Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 696 Bbl H2O: 1572 GOR: 0Test Method: Flowing Casing PSI: 755 Tubing PSI: _____ Choke Size: 32/64Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1021 API Gravity Oil: _____Tubing Size: 2 + 3/8 Tubing Setting Depth: 8483 Tbg setting date: 09/11/2017 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:

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: 11/14/2017

Email: garrett@caerusoilandgas.com

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Attachment Check List

Att Doc Num

Name

401442725

FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

Permit

-BHL & TPZ confirmed via spreadsheet from Reed Haddock. Well update has been corrected.
-Formation should be WMFK-Cameo not Mesaverde
-Choke size entered incorrect
-Waiting on email response to send back to draft or provide missing info via email.

03/21/2018

Total: 1 comment(s)