

1. OGCC Operator Number: 10456

2. Name of Operator: CAERUS PICEANCE LLC

3. Address: 1001 17TH STREET #1600
City: DENVER State: CO Zip: 80202

4. Contact Name: Marina Ayala
Phone: (720) 880-6355
Fax: _____
Email: mayala@caerusoilandgas.com

5. API Number 05-045-23771-00

6. County: GARFIELD

7. Well Name: NPR
Well Number: 12D-10-596

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: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/05/2018 End Date: 11/20/2018 Date of First Production this formation: 12/10/2018

Perforations Top: 6559 Bottom: 9553 No. Holes: 351 Hole size: 351

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

Frac'd with 233846bbls slickwater and 155 bbls of 7.5% HCL acid

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 234001 Max pressure during treatment (psi): 8662

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): 0.80

Total acid used in treatment (bbl): 155 Number of staged intervals: 13

Recycled water used in treatment (bbl): 233846 Flowback volume recovered (bbl): 72148

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: 12/10/2018 Hours: 24 Bbl oil: 0 Mcf Gas: 70 Bbl H2O: 2466

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 70 Bbl H2O: 2466 GOR: 0

Test Method: FLOWING Casing PSI: 1009 Tubing PSI: _____ Choke Size: 32/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1080 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8788 Tbg setting date: 01/11/2019 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: Completion Tech Date: _____ Email: mayala@caerusoilandgas.com
:

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)