

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:

401904356

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 05-045-23766-00 6. County: GARFIELD
 7. Well Name: NPR Well Number: 13B-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 STIMULATIONTreatment Date: 11/23/2018 End Date: 12/08/2018 Date of First Production this formation: 12/11/2018Perforations Top: 6437 Bottom: 9403 No. Holes: 351 Hole size: 0.37

Provide a brief summary of the formation treatment:

Open Hole: ☐

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

This formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 234001Max pressure during treatment (psi): 8083Total 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): 0.80Total acid used in treatment (bbl): 155Number of staged intervals: 13Recycled water used in treatment (bbl): 233846Flowback volume recovered (bbl): 73392Fresh 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: 12/11/2018 Hours: 24 Bbl oil: 0 Mcf Gas: 74 Bbl H2O: 2709Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 74 Bbl H2O: 2709 GOR: 0Test Method: 12/11/2018 Casing PSI: 1074 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: 8667 Tbg setting date: 01/10/2019 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:

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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: Completion 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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Total: 0 comment(s)