

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 401945075

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
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 05-045-23770-00
6. County: GARFIELD
7. Well Name: NPR
Well Number: 24D-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: 12/11/2018 End Date: 12/20/2018 Date of First Production this formation: 12/27/2018

Perforations Top: 6549 Bottom: 9613 No. Holes: 351 Hole size: 0.37

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

Frac'd with 233845bbls slickwater and 155bbls of 7.5% HCL acid

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): 234000 Max pressure during treatment (psi): 8459

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): 0.84

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

Recycled water used in treatment (bbl): 233845 Flowback volume recovered (bbl): 98935

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: 12/27/2018 Hours: 24 Bbl oil: 0 Mcf Gas: 72 Bbl H2O: 1879

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 72 Bbl H2O: 1879 GOR:

Test Method: FLOWING Casing PSI: 1342 Tubing PSI: Choke Size: 28/64

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8832 Tbg setting date: 02/15/2019 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

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User Group **Comment**

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
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