

FORM 5A

Rev 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



DE	ET	OE	ES
----	----	----	----

Document Number: 402125158

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: Reed Haddock
 2. Name of Operator: CAERUS PICEANCE LLC Phone: (720) 880-6369
 3. Address: 1001 17TH STREET #1600 Fax: (303) 565-4606
 City: DENVER State: CO Zip: 80202 Email: rhaddock@caerusoilandgas.com

5. API Number 05-045-23996-00 6. County: GARFIELD
 7. Well Name: NPR Well Number: 21D-3-596
 8. Location: QtrQtr: SENE Section: 3 Township: 5S Range: 96W Meridian: 6
 9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

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

Treatment Date: 07/05/2019 End Date: 07/14/2019 Date of First Production this formation: 07/15/2019
 Perforations Top: 7969 Bottom: 11231 No. Holes: 378 Hole size: 0.37

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

Frac'd with 269,823 bbls. slickwater and 167 bbls. of 7.5% HCL

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 269990 Max pressure during treatment (psi): 8000
 Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.44
 Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.61
 Total acid used in treatment (bbl): 167 Number of staged intervals: 14
 Recycled water used in treatment (bbl): 153995 Flowback volume recovered (bbl): 127256
 Fresh water used in treatment (bbl): 115828 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: 07/15/2019 Hours: 24 Bbl oil: 0 Mcf Gas: 107 Bbl H2O: 1648
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 107 Bbl H2O: 1648 GOR: 0
 Test Method: Flowing Casing PSI: 960 Tubing PSI: _____ Choke Size: 20/64
 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1020 API Gravity Oil: 0
 Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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: Reed Haddock

Title: Sr. Regulatory Specialist Date: _____ Email: rhaddock@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)