

Document Number:  
**402275600**

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: <u>10456</u>	4. Contact Name: <u>Reed Haddock</u>
2. Name of Operator: <u>CAERUS PICEANCE LLC</u>	Phone: <u>(720) 880-6369</u>
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City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>rhaddock@caerusoilandgas.com</u>

5. API Number <u>05-045-23999-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>NPR</u>	Well Number: <u>24A-3-596</u>
8. Location: QtrQtr: <u>SENE</u> Section: <u>3</u> Township: <u>5S</u> Range: <u>96W</u> Meridian: <u>6</u>	
9. Field Name: <u>GRAND VALLEY</u> Field Code: <u>31290</u>	

**Completed Interval**

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

Treatment Date: 12/14/2019 End Date: 12/23/2019 Date of First Production this formation: 12/26/2019

Perforations Top: 8052 Bottom: 11328 No. Holes: 378 Hole size: 0.37

Provide a brief summary of the formation treatment: Frac'd with 229,200 bbls. slickwater and 167 bbls. of 7.5% HCL Open Hole:

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): <u>229200</u>	Max pressure during treatment (psi): <u>8500</u>
Total gas used in treatment (mcf): <u>0</u>	Fluid density at initial fracture (lbs/gal): <u>8.34</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.76</u>
Total acid used in treatment (bbl): <u>167</u>	Number of staged intervals: <u>14</u>
Recycled water used in treatment (bbl): <u>229200</u>	Flowback volume recovered (bbl): <u>29168</u>
Fresh water used in treatment (bbl): <u>0</u>	Disposition method for flowback: <u>RECYCLE</u>
Total proppant used (lbs): <u>0</u>	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>

Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

**Test Information:**

Date: <u>12/26/2019</u>	Hours: <u>24</u>	Bbl oil: <u>0</u>	Mcf Gas: <u>140</u>	Bbl H2O: <u>1296</u>
Calculated 24 hour rate:	Bbl oil: <u>0</u>	Mcf Gas: <u>140</u>	Bbl H2O: <u>1296</u>	GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>842</u>	Tubing PSI: _____	Choke Size: <u>18/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	Btu Gas: <u>1041</u>	API Gravity Oil: <u>0</u>	
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)