

Document Number:
401904356

Date Received:
01/14/2019

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 05-045-23766-00
 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 - CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATION
 Treatment Date: 11/23/2018 End Date: 12/08/2018 Date of First Production this formation: 12/11/2018
 Perforations Top: 6437 Bottom: 9403 No. Holes: 351 Hole size: 37/100

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

13-stage plug-and-perf completion;
 234001 total bbls fluid pumped: 233846 bbls recycled water (slickwater) and 155 bbls 7.5% HCl acid;
 no proppant used.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 234001 Max pressure during treatment (psi): 8083
 Total gas used in treatment (mcf): _____ 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): 73392
 Fresh water used in treatment (bbl): _____ Disposition method for flowback: RECYCLE
 Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:
 Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 12/11/2018 Hours: 24 Bbl oil: 0 Mcf Gas: 74 Bbl H2O: 2709
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 74 Bbl H2O: 2709 GOR: 0
 Test Method: 12/11/2018 Casing PSI: 1074 Tubing PSI: _____ Choke Size: 48/64
 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1080 API Gravity Oil: 0
 Tubing 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:

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: 1/14/2019 Email mayala@caerusoilandgas.com

Attachment Check List

Att Doc Num **Name**

401904356	FORM 5A SUBMITTED
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Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

Permit	• Formation corrected from "WILLIAMS FORK" to "WILLIAMS FORK-CAMEO".	04/28/2020
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Total: 1 comment(s)