

Document Number:
402057095

Date Received:
08/08/2019

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

5. API Number 05-045-23874-00 6. County: GARFIELD
 7. Well Name: NPR Well Number: 11D-9-596
 8. Location: QtrQtr: SENW Section: 9 Township: 5S Range: 96W Meridian: 6
 9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: WILLIAMS FORK-OHIO CREEK Status: PRODUCING Treatment Type: FRACTURE STIMULATION
 Treatment Date: 05/04/2019 End Date: 05/06/2019 Date of First Production this formation: 05/26/2019
 Perforations Top: 6635 Bottom: 9081 No. Holes: 270 Hole size: 37/100

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

10-stage plug-and-perf completion;
 80000 total bbls fluid pumped: 2970 bbls fresh water (slickwater), 76911 bbls recycled water (slickwater), and 119 bbls 7.5% HCl acid; no proppant used.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 80000 Max pressure during treatment (psi): 8160
 Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.41
 Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.71
 Total acid used in treatment (bbl): 119 Number of staged intervals: 10
 Recycled water used in treatment (bbl): 76911 Flowback volume recovered (bbl): 27747
 Fresh water used in treatment (bbl): 2970 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: 05/26/2019 Hours: 24 Bbl oil: 0 Mcf Gas: 194 Bbl H2O: 1560
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 194 Bbl H2O: 1560 GOR: 0
 Test Method: Flowing Casing PSI: 1465 Tubing PSI: 278 Choke Size: 40/64
 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1060 API Gravity Oil: 0
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 8466 Tbg setting date: 05/21/2019 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: Reed Haddock

Title: Sr. Regulatory Specialist Date: 8/8/2019 Email: rhaddock@caerusoilandgas.com

Attachment Check List

Att Doc Num **Name**

402057095	FORM 5A SUBMITTED
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Total Attach: 1 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)