

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:

401929100

Date Received:

02/04/2019

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: Michael Rynerson

Phone: (303) 565-4600

Fax:

Email: anoonan@progressivepcs.net

5. API Number 05-045-10704-00

7. Well Name: HYRUP

8. Location: QtrQtr: SWNE Section: 12 Township: 8S Range: 96W Meridian: 6

9. Field Name: GRAND VALLEY Field Code: 31290

6. County: GARFIELD

Well Number: 12-32D

Completed Interval

FORMATION: CORCORAN

Status: TEMPORARILY ABANDONED

Treatment Type:

Treatment Date: End Date: Date of First Production this formation: 07/20/2006

Perforations Top: 6376 Bottom: 6452 No. Holes: 24 Hole size: 34/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl):

Max pressure during treatment (psi):

Total gas used in treatment (mcf):

Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment:

Min frac gradient (psi/ft):

Total acid used in treatment (bbl):

Number of staged intervals:

Recycled water used in treatment (bbl):

Flowback volume recovered (bbl):

Fresh water used in treatment (bbl):

Disposition method for flowback:

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: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:

Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production: Sub-economical, producing too much water

Date formation Abandoned: 11/01/2008 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt

** Bridge Plug Depth: 5753 ** Sacks cement on top: 0 ** Wireline and Cement Job Summary must be attached.

Comment:

This Form 5A is being submitted to historically report a CIBP set by Noble Energy is 2008. No Wireline ticket is available so an operations summary is attached.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Ashley Noonan

Title: Sr. Regulatory Analyst Date: 2/4/2019 Email : anoonan@progressivepcs.net

Attachment Check List

Att Doc Num **Name**

401929100	FORM 5A SUBMITTED
401929101	OPERATIONS SUMMARY

Total Attach: 2 Files

General Comments

User Group **Comment**

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)