

FORM
5ARev
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:

401918044

Date Received:

02/05/2019

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 RYNEARSON
 Phone: (303) 5654600
 Fax:
 Email: mrynearson@caerusoilandgas.com

5. API Number 05-045-09242-00
 6. County: GARFIELD
 7. Well Name: S.PARACHUTE TBI
 Well Number: 36-12
 8. Location: QtrQtr: NENW Section: 36 Township: 7S Range: 96W Meridian: 6
 9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

FORMATION: WILLIAMS FORK Status: TEMPORARILY ABANDONED Treatment Type:
 Treatment Date: End Date: Date of First Production this formation:
 Perforations Top: 3304 Bottom: 5532 No. Holes: 240 Hole size: 3 + 3/8
 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-economic production
 Date formation Abandoned: 06/01/2012 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt
 ** Bridge Plug Depth: 3243 ** Sacks cement on top: 2 ** 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: Rachel Milne

Title: Regulatory Analyst

Date: 2/5/2019

Email: ramilne@progressivepcs.net

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Attachment Check List

Att Doc Num

Name

401918044

FORM 5A SUBMITTED

401929187

OPERATIONS SUMMARY

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

Permit

• Date Formation Abandoned corrected from 5/25/2017 to 6/1/2012 per attached Operations Summary and Sundry 401243177 and 402309475.
• Status corrected from "Abandoned Wellbore/Completion" to "Temporarily Abandoned" per Sundry 401243177 and 402309475.

07/10/2020

Total: 1 comment(s)