

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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 05-045-09865-00 6. County: GARFIELD 7. Well Name: BENZEL Well Number: 2-16B (I2W) 8. Location: QtrQtr: NESE Section: 2 Township: 7S Range: 93W Meridian: 6 9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: WILLIAMS FORK Status: TEMPORARILY ABANDONED Treatment Type: Treatment Date: End Date: Date of First Production this formation: Perforations Top: 5910 Bottom: 7931 No. Holes: 138 Hole size: 10/100 Provide a brief summary of the formation treatment: Open Hole: This formation is commingled with another formation: 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: 10/31/2013 Squeeze: Yes No If yes, number of sacks cmt ** Bridge Plug Depth: 5840 ** Sacks cement on top: 2 ** 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: Rachel Milne
Title: Regulatory Analyst Date: 2/4/2019 Email: ramilne@progressivepcs.net
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401917685	FORM 5A SUBMITTED
401922370	OPERATIONS SUMMARY

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Status corrected to "Temporarily Abandoned" per Sundry 402308579.	07/10/2020

Total: 1 comment(s)