

<b>FORM 5A</b> Rev 06/12	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 892-109		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
<b>COMPLETED INTERVAL REPORT</b>			Document Number: 402442655  Date Received:				
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: <u>10456</u> 2. Name of Operator: <u>CAERUS PICEANCE LLC</u> 3. Address: <u>1001 17TH STREET #1600</u> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	4. Contact Name: <u>Reed Haddock</u> Phone: <u>(720) 880-6369</u> Fax: <u>(303) 565-4606</u> Email: <u>rhaddock@caerusoilandgas.com</u>
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5. API Number <u>05-045-24174-00</u> 7. Well Name: <u>ELU A24 FED</u> 8. Location: QtrQtr: <u>Lot 4</u> Section: <u>24</u> Township: <u>4S</u> 9. Field Name: <u>GRAND VALLEY</u> Field Code: <u>31290</u>	6. County: <u>GARFIELD</u> Well Number: <u>15D-13 496</u> Range: <u>96W</u> Meridian: <u>6</u>
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### Completed Interval

FORMATION: <u>WILLIAMS FORK-OHIO CREEK-CAMEO</u>	Status: <u>PRODUCING</u>	Treatment Type: <u>FRACTURE STIMULATION</u>
Treatment Date: <u>07/16/2020</u> End Date: <u>07/26/2020</u> Date of First Production this formation: <u>07/28/2020</u>	Perforations    Top: <u>8577</u> Bottom: <u>12450</u> No. Holes: <u>378</u> Hole size: <u>0.37</u>	
Provide a brief summary of the formation treatment:                   Open Hole: <input type="checkbox"/>		
Frac'd with 269,333 bbls. slickwater and 168 bbls. of 7.5% HCL.		
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Total fluid used in treatment (bbl): <u>269333</u>	Max pressure during treatment (psi): <u>8205</u>	
Total gas used in treatment (mcf): <u>0</u>	Fluid density at initial fracture (lbs/gal): <u>8.41</u>	
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.60</u>	
Total acid used in treatment (bbl): <u>168</u>	Number of staged intervals: <u>14</u>	
Recycled water used in treatment (bbl): <u>235855</u>	Flowback volume recovered (bbl): _____	
Fresh water used in treatment (bbl): <u>29645</u>	Disposition method for flowback: <u>RECYCLE</u>	
Total proppant used (lbs): <u>0</u>	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>	
Reason why green completion not utilized: _____		
<b>Fracture stimulations must be reported on FracFocus.org</b>		

**Test Information:**

Date: <u>07/28/2020</u>	Hours: <u>24</u>	Bbl oil: <u>0</u>	Mcf Gas: <u>239</u>	Bbl H2O: <u>1008</u>
Calculated 24 hour rate:	Bbl oil: <u>0</u>	Mcf Gas: <u>239</u>	Bbl H2O: <u>1008</u>	GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>2105</u>	Tubing PSI: <u>0</u>	Choke Size: <u>18/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	Btu Gas: <u>996</u>	API Gravity Oil: <u>0</u>	
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____	
Reason for Non-Production: <span style="border: 1px solid black; display: inline-block; width: 600px; height: 20px;"></span>				
Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: Reed Haddock

Title: Sr. Regulatory Specialist Date: \_\_\_\_\_ Email: rhaddock@caerusoilandgas.com  
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### Attachment Check List

**Att Doc Num**      **Name**

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 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)