

FORM
5A
Rev
09/20

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 892-2109



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Date Received:

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: <u>10456</u>	4. Contact Name: <u>Reed Haddock</u>
2. Name of Operator: <u>CAERUS PICEANCE LLC</u>	Phone: <u>(720) 880-6369</u>
3. Address: <u>1001 17TH STREET #1600</u>	Fax: <u>(303) 565-4606</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>rhaddock@caerusoilandgas.com</u>

5. API Number <u>05-103-12382-00</u>	6. County: <u>RIO BLANCO</u>
7. Well Name: <u>ELU J14 FED</u>	Well Number: <u>21C-14-496</u>
8. Location: QtrQtr: <u>NESW</u> Section: <u>14</u> Township: <u>4S</u> Range: <u>96W</u> Meridian: <u>6</u>	
9. Field Name: <u>GRAND VALLEY</u> Field Code: <u>31290</u>	

Completed Interval

FORMATION: WILLIAMS FORK-OHIO CREEK-CAMEO Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 06/01/2021 End Date: 06/11/2021 Date this Formation was Completed: 06/12/2021
Perforations Top: 8920 Bottom: 12681 No. Holes: 378 Hole size: 0.37 Open Hole:

Describe the Formation Treatment, including the following: type of fluid used (gel, slickwater, etc.), type and concentration of acid used (HCl, HF, etc.), types and amounts of proppant(s) used, depth details of multiple zones, and method used to determine flowback volume.

Frac'd with 269,355 bbls. slickwater and 168 bbls. of 7.5% HCL.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 269355 Max pressure during treatment (psi): 8129
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.41
Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.61
Total acid used in treatment (bbl): 168 Number of staged intervals: 14
Recycled or Reused Fluids used in treatment (bbl): 269355 Flowback volume recovered (bbl): 59568
Fresh water used in treatment (bbl): 0 Disposition method for flowback: RECYCLE
Total proppant used (lbs): 0

Fracture stimulations must be reported on FracFocus.org

Test Information:

06/12/2021 Hours: 24 Bbl oil: 0 Mcf Gas: 288 Bbl H2O: 2208
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 288 Bbl H2O: 2208 GOR: 0
Test Method: Flowing Casing PSI: 1450 Tubing PSI: _____ Choke Size: 18/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1025 API Gravity Oil: 0
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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:

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: Regulatory Lead Date: _____ Email: rhaddock@caerusoilandgas.com

Attachment List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)