

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>05-045-24449-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>BJU B26 FED</u>	Well Number: <u>11C-26-496</u>
8. Location: QtrQtr: <u>NENW</u> Section: <u>26</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: 11/19/2022 End Date: 11/30/2022 Date this Formation was Completed: 12/02/2022  
Perforations Top: 8027 Bottom: 11828 No. Holes: 396 Hole size: 3/8 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 269,333 bbls. slickwater and 167 bbls. of 7.5% HCL.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 269333 Max pressure during treatment (psi): 7530  
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): 167 Number of staged intervals: 14  
Recycled or Reused Fluids used in treatment (bbl): 269333 Flowback volume recovered (bbl): 68148  
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](http://FracFocus.org)

### Test Information:

12/02/2022 Hours: 24 Bbl oil: 0 Mcf Gas: 845 Bbl H2O: 960  
Date Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 845 Bbl H2O: 960 GOR: 0  
Test Method: Flowing Casing PSI: 2091 Tubing PSI: 0 Choke Size: 18/64  
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1014 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)