

FORM
5A

Rev
09/20

State of Colorado

Energy & Carbon Management Commission

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



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Document Number:

403368670

Date Received:

04/20/2023

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: Reed Haddock

Phone: (720) 880-6369

Fax: (303) 565-4606

Email: rhaddock@caerusoilandgas.com

5. API Number 05-045-24456-00

7. Well Name: BJU B26 FED

8. Location: QtrQtr: NENW Section: 26 Township: 4S Range: 96W Meridian: 6

9. Field Name: GRAND VALLEY Field Code: 31290

6. County: GARFIELD

Well Number: 12D-26-496

Completed Interval

FORMATION: WILLIAMS FORK-OHIO CREEK-CAMEO

Status: PRODUCING

Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 03/19/2023 End Date: 03/31/2023 Date this Formation was Completed: 04/03/2023
Perforations Top: 7936 Bottom: 11694 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): 7925
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): 0.57
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): 52456
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](https://www.fracturefocus.org)

Test Information:

04/03/2023 Hours: 24 Bbl oil: 0 Mcf Gas: 808 Bbl H2O: 312
Date Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 808 Bbl H2O: 312 GOR: 0
Test Method: Flowing Casing PSI: 2300 Tubing PSI: Choke Size: 18/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1003 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: 4/20/2023 Email: rhaddock@caerusoilandgas.com

Attachment List

Att Doc Num Name

403368670 FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group Comment Comment Date

Permit Passed Completion review. 08/10/2023

Total: 1 comment(s)