

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:

403250387

Date Received:

12/20/2022

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 05-045-24458-00
6. County: GARFIELD
7. Well Name: BJU B26 FED
Well Number: 22B-26-496
8. Location: QtrQtr: NENW Section: 26 Township: 4S Range: 96W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK-OHIO CREEK-CAMEO

Status: PRODUCING

Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 11/19/2022 End Date: 12/01/2022 Date this Formation was Completed: 12/02/2022
Perforations Top: 8126 Bottom: 12008 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): 7507
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): 64680
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:

12/02/2022 Hours: 24 Bbl oil: 0 Mcf Gas: 746 Bbl H2O: 2400
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 746 Bbl H2O: 2400 GOR: 0
Test Method: Flowing Casing PSI: 1776 Tubing PSI: Choke Size: 18/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1007 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: 12/20/2022 Email: rhaddock@caerusoilandgas.com

Attachment List

Att Doc Num	Name
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403250387	FORM 5A SUBMITTED
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Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
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Permit	Passed Completion review.	08/15/2023
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Total: 1 comment(s)