

**FORM
5A**Rev
09/20**State of Colorado****Energy & Carbon Management Commission**

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Document Number:

403457647

Date Received:

07/18/2023

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 05-045-24453-00

7. Well Name: BJU B26 FED

6. County: GARFIELD

Well Number: 23D-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: 06/13/2023 End Date: 06/29/2023 Date this Formation was Completed: 06/30/2023
Perforations Top: 8386 Bottom: 12142 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): 8230
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): 0.60
Total acid used in treatment (bbl): 167 Number of staged intervals: 14
Recycled or Reused Fluids used in treatment (bbl): 255866 Flowback volume recovered (bbl): 54714
Fresh water used in treatment (bbl): 13467 Disposition method for flowback: RECYCLE
Total proppant used (lbs): 0

Fracture stimulations must be reported on [FracFocus.org](https://www.fracturefocus.org)

Test Information:

06/30/2023 Hours: 24 Bbl oil: 0 Mcf Gas: 290 Bbl H2O: 576
Date Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 290 Bbl H2O: 576 GOR: 0
Test Method: Flowing Casing PSI: 1600 Tubing PSI: 0 Choke Size: 18/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1029 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: 7/18/2023 Email: rhaddock@caerusoilandgas.com

Attachment List

Att Doc Num Name

403457647 FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
Permit	Passed Completion review.	08/17/2023

Total: 1 comment(s)