

FORM
5ARev
06/12

State of Colorado

Oil and Gas Conservation Commission

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



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Document Number:

400655330

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: 10456 4. Contact Name: Crissy Venturo
 2. Name of Operator: CAERUS PICEANCE LLC Phone: (720) 352-7916
 3. Address: 600 17TH STREET #1600N Fax: _____
 City: DENVER State: CO Zip: 80202 Email: cventuro@progressivepcs.net

5. API Number 05-045-22309-00 6. County: GARFIELD
 7. Well Name: NOLTE Well Number: 43B-14
 8. Location: QtrQtr: SESE Section: 14 Township: 7S Range: 96W Meridian: 6
 9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 06/21/2014 End Date: 06/24/2014 Date of First Production this formation: 06/25/2014

Perforations Top: 4166 Bottom: 5875 No. Holes: 189 Hole size: 0.34

Provide a brief summary of the formation treatment: _____ Open Hole: ☐

WFCM - Frac'd with 44,220 bbls slickwater and 48 bbls 7.5% HCl Acid.

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 44220

Max pressure during treatment (psi): 5544

Total gas used in treatment (mcf): 0

Fluid density at initial fracture (lbs/gal): 8.70

Type of gas used in treatment: _____

Min frac gradient (psi/ft): 0.67

Total acid used in treatment (bbl): 48

Number of staged intervals: 7

Recycled water used in treatment (bbl): 44220

Flowback volume recovered (bbl): 44222

Fresh water used in treatment (bbl): 0

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 0

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 07/12/2014 Hours: 24 Bbl oil: 0 Mcf Gas: 1604 Bbl H2O: 24050

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1604 Bbl H2O: 24050 GOR: 0

Test Method: Flowing Casing PSI: 1600 Tubing PSI: 1200 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1080 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6283 Tbg setting date: 07/08/2014 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:

No wellbore diagram available. All water used in this completion was 100% recycled water.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Crissy Venturo

Title: Permit Representative

Date: _____

Email cventuro@progressivepcs.net

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Attachment Check List

Att Doc Num **Name**

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Total Attach: 0 Files

General Comments

User Group **Comment**

Comment Date

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Total: 0 comment(s)