

FORM 5A Rev 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



Table with columns DE, ET, OE, ES

Document Number: 400887274

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
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 05-045-22631-00
6. County: GARFIELD
7. Well Name: PUCKETT SWD
Well Number: H2 797
8. Location: QtrQtr: 66 Section: 2 Township: 7S Range: 97W Meridian: 6
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: OHIO CREEK Status: SHUT IN Treatment Type:

Treatment Date: 06/17/2016 End Date: 06/27/2016 Date of First Production this formation:
Perforations Top: 6045 Bottom: 6053 No. Holes: 8 Hole size: 0

Provide a brief summary of the formation treatment: Open Hole: []

Treatment consisted of extended injection test approved for 80,000 bbls over 10 days per Sundry 4 - Doc. No. 401061766.

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): 75048 Max pressure during treatment (psi): 101
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 63.00
Type of gas used in treatment: Min frac gradient (psi/ft): 0.57
Total acid used in treatment (bbl): 0 Number of staged intervals: 1
Recycled water used in treatment (bbl): 75048 Flowback volume recovered (bbl): 0
Fresh water used in treatment (bbl): 0 Disposition method for flowback:
Total proppant used (lbs): 0 Rule 805 green completion techniques were utilized: [X]

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:
Test Method: Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:
Tubing Size: 3 + 1/2 Tubing Setting Depth: 5987 Tbg setting date: 07/10/2016 Packer Depth: 5983

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: Sr. Regulatory Specialist Date: _____ Email: rhaddock@caerusoilandgas.com
:

Attachment Check List

Att Doc Num **Name**

--	--

Total Attach: 0 Files

General Comments

User Group **Comment** **Comment Date**

--	--	--

Total: 0 comment(s)