

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



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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: Cody Gallagher
 2. Name of Operator: CAERUS PICEANCE LLC Phone: (720) 880-6335
 3. Address: 1001 17TH STREET #1600 Fax: _____
 City: DENVER State: CO Zip: 80202 Email: codygallagher@caerusoilandgas.com

5. API Number 05-045-23362-00 6. County: GARFIELD
 7. Well Name: Puckett Well Number: 33B-26-697
 8. Location: QtrQtr: NWNE Section: 26 Township: 6S Range: 97W Meridian: 6
 9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: MESAVERDE Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 09/01/2017 End Date: 09/05/2017 Date of First Production this formation: 09/24/2017

Perforations Top: 7274 Bottom: 8844 No. Holes: 162 Hole size: 0.37

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

Frac'd with 48,275 bbls slickwater and 151 bbls of 7.5% HCL acid.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 48275 Max pressure during treatment (psi): 8272
 Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.40
 Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.51
 Total acid used in treatment (bbl): 151 Number of staged intervals: 6
 Recycled water used in treatment (bbl): 48275 Flowback volume recovered (bbl): 19011
 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: 09/20/2017 Hours: 24 Bbl oil: 0 Mcf Gas: 1380 Bbl H2O: 972
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1380 Bbl H2O: 972 GOR: 0
 Test Method: FLOWING Casing PSI: 1500 Tubing PSI: 400 Choke Size: 48
 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1064 API Gravity Oil: _____
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 8612 Tbg setting date: 09/13/2017 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:

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

Signed: _____ Print Name: Garrett Elsener
Title: Completions Engineer Lead Date: _____ Email: garrett@caerusoilandgas.com
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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**

		Stamp Upon Approval
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Total: 0 comment(s)