

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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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: Marina Ayala
 2. Name of Operator: CAERUS PICEANCE LLC Phone: (720) 880-6355
 3. Address: 1001 17TH STREET #1600 Fax: _____
 City: DENVER State: CO Zip: 80202 Email: mayala@caerusoilandgas.com

5. API Number 05-045-14734-00 6. County: GARFIELD
 7. Well Name: 596-33C Well Number: 16
 8. Location: QtrQtr: SWSW Section: 33 Township: 5S 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: 05/03/2018 End Date: 05/06/2018 Date of First Production this formation: 05/10/2018
 Perforations Top: 7874 Bottom: 9633 No. Holes: 189 Hole size: 0.37

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac'd with 55981bbls slickwater and 83bbls of 7.5% HCL acid

This formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 56064Max pressure during treatment (psi): 7308Total gas used in treatment (mcf): 0Fluid density at initial fracture (lbs/gal): 8.43

Type of gas used in treatment: _____

Min frac gradient (psi/ft): 0.55Total acid used in treatment (bbl): 83Number of staged intervals: 7Recycled water used in treatment (bbl): 55981Flowback volume recovered (bbl): 29375Fresh water used in treatment (bbl): 0Disposition method for flowback: RECYCLETotal proppant used (lbs): 0Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/10/2018 Hours: 24 Bbl oil: 0 Mcf Gas: 743 Bbl H2O: 2018
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 743 Bbl H2O: 2018 GOR: 0
 Test Method: FLOWING Casing PSI: 750 Tubing PSI: _____ Choke Size: 30
 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1080 API Gravity Oil: 0
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 9372 Tbg setting date: 06/01/2018 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: Marina Ayala

Title: Completions Tech Date: _____ Email mayala@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)