

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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 2. Name of Operator: CAERUS PICEANCE LLC 3. Address: 1001 17TH STREET #1600 City: DENVER State: CO Zip: 80202 4. Contact Name: Marina Ayala Phone: (720) 880-6355 Fax: Email: mayala@caerusoilandgas.com

5. API Number 05-045-23769-00 6. County: GARFIELD 7. Well Name: NPR 8. Location: QtrQtr: NESW Section: 10 Township: 5S Range: 96W Meridian: 6 9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

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

Treatment Date: 11/03/2018 End Date: 11/21/2018 Date of First Production this formation: 12/11/2018 Perforations Top: 6567 Bottom: 9663 No. Holes: 351 Hole size: 0.37

Provide a brief summary of the formation treatment: Open Hole: [] Frac'd with 233822bbbls slickwater and 179bbbls of 7.5% HCL acid

This formation is commingled with another formation: [] Yes [X] No Total fluid used in treatment (bbl): 234000 Max pressure during treatment (psi): 8372 Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.43 Type of gas used in treatment: Min frac gradient (psi/ft): 0.80 Total acid used in treatment (bbl): 178 Number of staged intervals: 13 Recycled water used in treatment (bbl): 233822 Flowback volume recovered (bbl): 63487 Fresh water used in treatment (bbl): 0 Disposition method for flowback: RECYCLE 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: 12/11/2018 Hours: 24 Bbl oil: 0 Mcf Gas: 68 Bbl H2O: 2800 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 68 Bbl H2O: 2800 GOR: 0 Test Method: FLOWING Casing PSI: 908 Tubing PSI: Choke Size: 20/64 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1080 API Gravity Oil: 0 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7489 Tbg setting date: 01/23/2019 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: Marina Ayala

Title: Completion Tech Date: _____ Email: mayala@caerusoilandgas.com
:

Attachment Check List

Att Doc Num **Name**

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files

General Comments

User Group **Comment**

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

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