

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns: DE, ET, OE, ES

Document Number: 402279760

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 05-045-23757-00
6. County: GARFIELD
7. Well Name: NPR
Well Number: 12A-10-596
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: 10/26/2018 End Date: 11/04/2018 Date of First Production this formation: 11/22/2018

Perforations Top: 6843 Bottom: 9874 No. Holes: 351 Hole size: 0.37

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

Frac'd with 233,843 bbls slickwater and 155 bbls of 7.5% HCL acid

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

Total fluid used in treatment (bbl): 233843 Max pressure during treatment (psi): 8295

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.41

Type of gas used in treatment: Min frac gradient (psi/ft): 0.69

Total acid used in treatment (bbl): 155 Number of staged intervals: 13

Recycled water used in treatment (bbl): 112245 Flowback volume recovered (bbl): 101622

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: 11/22/2018 Hours: 24 Bbl oil: 0 Mcf Gas: 92 Bbl H2O: 2513

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 92 Bbl H2O: 2513 GOR: 0

Test Method: Flowing Casing PSI: 1596 Tubing PSI: Choke Size: 20/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1028 API Gravity Oil: 0

Tubing Size: Tubing Setting Depth: Tbg setting date: 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: Reed Haddock

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

Attachment Check List

Att Doc Num **Name**

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