

FORM  
5Rev  
02/08

## State of Colorado

## Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400618985

Date Received:

## DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☐ Final completion ☒ Preliminary completion

1. OGCC Operator Number: 10456

4. Contact Name: Shauna DeMattee

2. Name of Operator: CAERUS PICEANCE LLC

Phone: (720) 299-4495

3. Address: 600 17TH STREET #1600N

Fax:

City: DENVER State: CO Zip: 80202

5. API Number 05-045-22305-00

6. County: GARFIELD

7. Well Name: NOLTE

Well Number: 13D-13

8. Location: QtrQtr: SESE Section: 14 Township: 7S Range: 96W Meridian: 6

Footage at surface: Distance: 806 feet Direction: FSL Distance: 340 feet Direction: FEL

As Drilled Latitude: As Drilled Longitude:

## GPS Data:

Data of Measurement: PDOP Reading: GPS Instrument Operator's Name:

\*\* If directional footage at Top of Prod. Zone Dist.: 1433 feet. Direction: FSL Dist.: 660 feet. Direction: FWL

Sec: 13 Twp: 7S Rng: 96W

\*\* If directional footage at Bottom Hole Dist.: 1428 feet. Direction: FSL Dist.: 674 feet. Direction: FWL

Sec: 13 Twp: 7S Rng: 96W

9. Field Name: GRAND VALLEY

10. Field Number: 31290

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 04/28/2014 13. Date TD: 04/30/2014 14. Date Casing Set or D&amp;A: 04/30/2014

## 15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 6125 TVD\*\* 5888 17 Plug Back Total Depth MD 6054 TVD\*\* 5817

18. Elevations GR 5088 KB 5112

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

## 19. List Electric Logs Run:

Mud, Triple Combo, and CBL

## 20. Casing, Liner and Cement:

## CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	26	16	84#	0	103	115	0	103	CALC
SURF	13+1/2	9+5/8	36#	0	997	265	0	1,025	CALC
1ST	8+3/4	4+1/2	11.6#	0	6,099	990		6,125	CBL

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

21. Formation log intervals and test zones:

### FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
CAMEO	3,007		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	5,210		<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	5,640		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

All casing and cement information and formation tops are measured from KB. The As Drilled Plat, SHL lat/longs, and TOC will be submitted with the final completion report at a later date.

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

Signed: \_\_\_\_\_

Print Name: Shauna DeMattee

Title: Permit Representative

Date: \_\_\_\_\_

Email: sdemattee@progressivepcs.net

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400619341	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400619719	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400619707	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400620543	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400620581	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400620591	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)