

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.

Document Number:
400618985

Date Received:

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:
 Date 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&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 ?	
Attachment Checklist			
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"/>
Other Attachments			
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

User Group	Comment	Comment Date

Total: 0 comment(s)