

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:

400594417

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 05-045-22301-00

6. County: GARFIELD

7. Well Name: NOLTE

Well Number: 44A-14

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

Footage at surface: Distance: 781 feet Direction: FSL Distance: 364 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.: 1332 feet. Direction: FSL Dist.: 643 feet. Direction: FEL

Sec: 14 Twp: 7S Rng: 96W

** If directional footage at Bottom Hole Dist.: 1302 feet. Direction: FSL Dist.: 654 feet. Direction: FEL

Sec: 14 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) 03/30/2014 13. Date TD: 04/03/2014 14. Date Casing Set or D&A: 04/04/2014

15. Well Classification:

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

16. Total Depth MD 5930 TVD** 5850 17 Plug Back Total Depth MD 5857 TVD** 5776

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 | 110 | 115 | 0 | 110 | CALC |
| SURF | 13+1/2 | 9+5/8 | 36# | 0 | 1,015 | 290 | 0 | 1,025 | CALC |
| 1ST | 7+7/8 | 4+1/2 | 11.6# | 0 | 5,900 | 710 | | 5,930 | 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 | |
| WILLIAMS FORK | 2,937 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CAMEO | 5,167 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| ROLLINS | 5,597 | | <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 DeMatteeTitle: Permit Representative

Date: _____

Email: sdemattee@progressivepcs.net

Attachment Check List

| Att Doc Num | Document Name | attached ? | | | |
|-----------------------------|------------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| 400621078 | CMT Summary * | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| | Core Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| 400621077 | 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"/> |
| 400621042 | Other | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| <u>Other Attachments</u> | | | | | |
| 400621076 | DIRECTIONAL DATA | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400621079 | LAS-TRIPLE COMBINATION | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400621081 | LAS-MUD | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |

General Comments

User GroupCommentComment Date

| | | |
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| | | |
|--|--|--|

Total: 0 comment(s)