

FORM 5

Rev 09/14

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:

400666976

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 [X] Final completion [] Preliminary completion

OGCC Operator Number: 10456 Contact Name: Crissy Venturo
Name of Operator: CAERUS PICEANCE LLC Phone: (720) 352-7916
Address: 600 17TH STREET #1600N Fax:
City: DENVER State: CO Zip: 80202

API Number 05-045-22397-00 County: GARFIELD
Well Name: ISLAND RANCH Well Number: 21A-24
Location: QtrQtr: Lot 11 Section: 13 Township: 7S Range: 96W Meridian: 6
Footage at surface: Distance: 1288 feet Direction: FSL Distance: 1073 feet Direction: FWL
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.: 69 feet. Direction: FNL Dist.: 1962 feet. Direction: FWL
Sec: 24 Twp: 7S Rng: 96W

** If directional footage at Bottom Hole Dist.: 160 feet. Direction: FNL Dist.: 2007 feet. Direction: FWL
Sec: 24 Twp: 7S Rng: 96W

Field Name: PARACHUTE Field Number: 67350
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 07/04/2014 Date TD: 07/06/2014 Date Casing Set or D&A: 07/07/2014
Rig Release Date: 07/08/2014 *for Multi-Well Location ONLY

Well Classification:
[] Dry [] Oil [X] Gas/Coalbed [] Disposal [] Stratigraphic [] Enhanced Recovery [] Storage [] Observation

Total Depth MD 6225 TVD** 5768 Plug Back Total Depth MD 6180 TVD** 5723

Elevations GR 5056 KB 5080 Digital Copies of ALL Logs must be Attached per Rule 308A [X]

List Electric Logs Run:
Mud, Triple Combo, and CBL

Casing, Liner and Cement:

CASING

Table with 10 columns: Casing Type, Size of Hole, Size of Casing, Wt/Ft, Csg/Liner Top, Setting Depth, Sacks Cmt, Cmt Top, Cmt Bot, Status. Rows include CONDUCTOR, SURF, and 1ST.

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:

Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
WILLIAMS FORK	3,170				
CAMEO	5,120				
ROLLINS	5,550				

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 a Form 4 Sundry 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: Crissy Venturo

Title: Permit Representative Date: _____ Email: cventuro@progressivepcs.net

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400694139	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400666988	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"/>
400666980	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Attachments			
400666977	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400666979	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400666989	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)