

**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



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Document Number:  
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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

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 05-045-22393-00 County: GARFIELD  
 Well Name: ISLAND RANCH Well Number: 23D-13  
 Location: QtrQtr: LOT 10 Section: 13 Township: 7S Range: 96W Meridian: 6  
 Footage at surface: Distance: 1350 feet Direction: FSL Distance: 1052 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.: 1538 feet. Direction: FSL Dist.: 1962 feet. Direction: FWL  
 Sec: 13 Twp: 7S Rng: 96W

\*\* If directional footage at Bottom Hole Dist.: 1546 feet. Direction: FSL Dist.: 1998 feet. Direction: FWL  
 Sec: 13 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) 05/29/2014 Date TD: 05/31/2014 Date Casing Set or D&A: 05/31/2014  
 Rig Release Date: 07/08/2014 \*for Multi-Well Location ONLY

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

Total Depth MD 6000 TVD\*\* 5863 Plug Back Total Depth MD 5950 TVD\*\* 5813  
 Elevations GR 5056 KB 5080 **Digital Copies of ALL Logs must be Attached per Rule 308A**

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

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	20	106.5#	0	84	100	0	84	CALC
SURF	13+1/2	9+5/8	36#	0	1,004	265	0	1,010	CALC
1ST	8+3/4	4+1/2	11.6#	0	5,995	960		6,000	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:

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	3,250				
CAMEO	5,220				
ROLLINS	5,648				

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 ?	
<b>Attachment Checklist</b>			
400697640	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400657113	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"/>
400631789	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b>Other Attachments</b>			
400631785	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400631788	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400697676	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)