

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:
400630933

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 05-045-22399-00 County: GARFIELD
 Well Name: ISLAND RANCH Well Number: 23C-13
 Location: QtrQtr: Lot 10 Section: 13 Township: 7S Range: 96W Meridian: 6
 Footage at surface: Distance: 1358 feet Direction: FSL Distance: 1051 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.: 1859 feet. Direction: FSL Dist.: 1140 feet. Direction: FWL
 Sec: 13 Twp: 7S Rng: 96W
 ** If directional footage at Bottom Hole Dist.: 1882 feet. Direction: FSL Dist.: 1973 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) 05/26/2014 Date TD: 05/28/2014 Date Casing Set or D&A: 05/29/2014
 Rig Release Date: 07/08/2014 Per Rule 308A.b.

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

Total Depth MD 6050 TVD** 5883 Plug Back Total Depth MD 6026 TVD** 5833

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 Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	26	20	107#	0	84	100	0	84	CALC
SURF	13+1/2	9+5/8	36#	0	1,010	265	0	1,015	CALC
1ST	8+3/4	4+1/2	11.6#	0	6,050	970		6,050	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 NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
WILLIAMS FORK	3,272				
CAMEO	5,235				
ROLLINS	5,668				

Comment:

All casing and cement information and formation tops are measured from KB. The As Drilled Plat and SHL lat/longs 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 Ventura

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

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400702944	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400631778	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"/>
400631780	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Attachments			
400631776	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400631783	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400655389	LAS-TRIPLE COMBINATION	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)