

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:
400584317

Date Received:
06/05/2014

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 05-045-22304-00 County: GARFIELD

Well Name: NOLTE Well Number: 14D-13

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

Footage at surface: Distance: 777 feet Direction: FSL Distance: 355 feet Direction: FEL

As Drilled Latitude: 39.432350 As Drilled Longitude: -108.069228

GPS Data:
Date of Measurement: 09/22/2014 PDOP Reading: 1.7 GPS Instrument Operator's Name: Harold Marshall

** If directional footage at Top of Prod. Zone Dist.: 142 feet. Direction: FSL Dist.: 649 feet. Direction: FWL
Sec: 13 Twp: 7S Rng: 96W

** If directional footage at Bottom Hole Dist.: 115 feet. Direction: FSL Dist.: 650 feet. Direction: FWL
Sec: 13 Twp: 7S Rng: 96W

Field Name: GRAND VALLEY Field Number: 31290

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 03/27/2014 Date TD: 03/29/2014 Date Casing Set or D&A: 03/30/2014

Rig Release Date: 05/12/2014 Per Rule 308A.b.

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

Total Depth MD 6060 TVD** 5813 Plug Back Total Depth MD 5989 TVD** 5742

Elevations GR 5088 KB 5112 **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	16	84#	0	110	115	0	110	CALC
SURF	13+1/2	9+5/8	40#	0	995	290	0	1,015	CALC
1ST	8+3/4	4+1/2	11.6#	0	6,029	995	1,990	6,060	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	2,992				
CAMEO	5,137				
ROLLINS	5,567				

Comment:

All casing and cement information and formation tops are measured from KB. Per Rule 317.o, please refer to the open hole logs submitted with the following wells drilled on the Nolte 14-796 well pad: Nolte 44B-14 (05-045-22297) and Nolte 14C-13 (05-045-22300).

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: 6/5/2014 Email: cventuro@progressivepcs.net

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400722725	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400722724	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"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
400584317	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400720315	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400720316	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400722720	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400722721	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400722722	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400722723	DIRECTIONAL DATA	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)