

**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:  
400630932

Date Received:  
10/07/2014

**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 05-045-22403-00 County: GARFIELD  
 Well Name: ISLAND RANCH Well Number: 23B-13  
 Location: QtrQtr: Lot 10 Section: 13 Township: 7S Range: 96W Meridian: 6  
 Footage at surface: Distance: 1365 feet Direction: FSL Distance: 1050 feet Direction: FWL  
 As Drilled Latitude: 39.433953 As Drilled Longitude: -108.064278

GPS Data:  
 Date of Measurement: 11/03/2014 PDOP Reading: 1.4 GPS Instrument Operator's Name: Harold Marshall

\*\* If directional footage at Top of Prod. Zone Dist.: 2202 feet. Direction: FSL Dist.: 1969 feet. Direction: FWL  
 Sec: 13 Twp: 7S Rng: 96W  
 \*\* If directional footage at Bottom Hole Dist.: 2192 feet. Direction: FSL Dist.: 1984 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) 05/23/2014 Date TD: 05/25/2014 Date Casing Set or D&A: 05/25/2014  
 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 6135 TVD\*\* 5904 Plug Back Total Depth MD 6067 TVD\*\* 5836  
 Elevations GR 5056 KB 5080 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
Mud 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	85	100	0	80	CALC
SURF	13+1/2	9+5/8	36#	0	1,017	265	0	1,020	CALC
1ST	8+3/4	4+1/2	11.6#	0	6,112	990	1,240	6,135	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	3,132				
CAMEO	5,469				
ROLLINS	5,915				

Comment:

All casing and cement information and formation tops are measured from KB. Per the approved Form 2 APD for the subject well, one GR and one resistivity log was required for this multi-well pad. Please refer to the open hole logs submitted with the Island Ranch 23D-13 (API# 05-045-22393) and Island Ranch 24A-13 (API# 05-045-22398) Form 5 Completion Report.

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: 10/7/2014 Email: cventuro@progressivepcs.net

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400744931	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400744816	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"/>
<b>Other Attachments</b>			
400630932	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400726737	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400744819	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400744850	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400744853	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

## General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Return to Draft at request of operator.	11/7/2014 3:17:59 PM
Agency	Pending. BHL OK, logs OK, cmt summary OK. Needs GPS and TOC.	10/14/2014 3:12:23 PM

Total: 2 comment(s)