

**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



Document Number:

400666953

Date Received:

09/23/2014

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

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 05-045-22401-00 County: GARFIELD
Well Name: ISLAND RANCH Well Number: 21B-24
Location: QtrQtr: LOT 11 Section: 13 Township: 7S Range: 96W Meridian: 6
Footage at surface: Distance: 1302 feet Direction: FSL Distance: 1060 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.: 279 feet Direction: FNL Dist.: 1920 feet Direction: FWLSec: 24 Twp: 7S Rng: 96W** If directional footage at Bottom Hole Dist.: 483 feet Direction: FNL Dist.: 2028 feet Direction: FWLSec: 24 Twp: 7S Rng: 96WField Name: PARACHUTE Field Number: 67350

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 06/17/2014 Date TD: 06/20/2014 Date Casing Set or D&A: 06/21/2014Rig Release Date: 07/08/2014 Per Rule 308A.b.

Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ ObservationTotal Depth MD 6382 TVD** 5775 Plug Back Total Depth MD 6313 TVD** 5706Elevations 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	94#	0	94	100	0	94	CALC
SURF	13+1/2	9+5/8	36#	0	978	265	0	1,010	CALC
1ST	8+3/4	4+1/2	11.6#	0	6,358	1,035		6,382	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	3,162				
CAMEO	5,105				
ROLLINS	5,530				

Operator Comments

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 VenturoTitle: Permit Representative Date: 9/23/2014 Email: cventuro@progressivepcs.net**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400668064	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400666961	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"/>
400666956	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400666953	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400666954	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400666955	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400666963	DIRECTIONAL DATA	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 3:27:54 PM

Total: 1 comment(s)