

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:
400666976

Date Received:
09/23/2014

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 05-045-22397-00 County: GARFIELD

Well Name: ISLAND RANCH Well Number: 21A-24

Location: QtrQtr: Lot 11 Section: 13 Township: 7S Range: 96W Meridian: 6

Footage at surface: Distance: 1288 feet Direction: FSL Distance: 1073 feet Direction: FWL

As Drilled Latitude: 39.433742 As Drilled Longitude: -108.064192

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.: 141 feet. Direction: FNL Dist.: 2003 feet. Direction: FWL
Sec: 24 Twp: 7S Rng: 96W

** If directional footage at Bottom Hole Dist.: 160 feet. Direction: FNL Dist.: 2007 feet. Direction: FWL
Sec: 24 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) 07/04/2014 Date TD: 07/06/2014 Date Casing Set or D&A: 07/07/2014

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 6225 TVD** 5768 Plug Back Total Depth MD 6180 TVD** 5723

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	106.5#	0	84	120	0	84	CALC
SURF	13+1/2	9+5/8	36#	0	934	265	0	945	CALC
1ST	8+3/4	4+1/2	11.6#	0	6,225	1,000	1,550	6,225	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	3,320				
CAMEO	5,582				
ROLLINS	6,015				

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: 9/23/2014 Email: cventuro@progressivepcs.net

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400742198	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400747368	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			
400666976	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400726750	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400747369	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400747374	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400747378	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400747380	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>
Permit	Return to Draft at request of operator.	11/7/2014 3:31:22 PM

Total: 1 comment(s)