

FORM
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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:

400666976

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 05-045-22397-00 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: As Drilled Longitude:

GPS Data:
Date of Measurement: PDOP Reading: GPS Instrument Operator's Name:

** If directional footage at Top of Prod. Zone Dist.: 69 feet Direction: FNL Dist.: 1962 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		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	3,170				
CAMEO	5,120				
ROLLINS	5,550				

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 Venturo

Title: Permit Representative Date: 9/23/2014 Email: cventuro@progressivepcs.net

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400694139	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400666988	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"/>
400666980	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Attachments			
400666976	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400666977	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400666979	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400666989	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 3:31:22 PM

Total: 1 comment(s)