

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:

400666981

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 05-045-22437-00 County: GARFIELD  
Well Name: ISLAND RANCH Well Number: 11D-24  
Location: QtrQtr: Lot 11 Section: 13 Township: 7S Range: 96W Meridian: 6  
Footage at surface: Distance: 1310 feet Direction: FSL Distance: 1059 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.: 756 feet Direction: FNL Dist.: 780 feet. Direction: FWL  
Sec: 24 Twp: 7S Rng: 96W

\*\* If directional footage at Bottom Hole Dist.: 1228 feet Direction: FSL Dist.: 768 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) 06/26/2014 Date TD: 06/29/2014 Date Casing Set or D&A: 06/29/2014  
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 6615 TVD\*\* 5671 Plug Back Total Depth MD 6570 TVD\*\* 5626

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	150	0	84	CALC
SURF	13+1/2	9+5/8	36#	0	972	265	0	983	CALC
1ST	8+3/4	4+1/2	11.6#	0	6,615	1,080		6,615	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	3,042				
CAMEO	5,010				
ROLLINS	5,449				

**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 ?	
<b><u>Attachment Checklist</u></b>			
400668038	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400666991	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"/>
400666985	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b><u>Other Attachments</u></b>			
400666981	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400666983	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400666984	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400666992	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 3:32:38 PM

Total: 1 comment(s)