

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:
400588419

Date Received:
04/30/2014

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 05-045-22325-00 County: GARFIELD

Well Name: NOLTE Well Number: 11C-24

Location: QtrQtr: SESE Section: 14 Township: 7S Range: 96W Meridian: 6

Footage at surface: Distance: 755 feet Direction: FSL Distance: 366 feet Direction: FEL

As Drilled Latitude: 39.432292 As Drilled Longitude: -108.069267

GPS Data:
Date of Measurement: 09/12/2014 PDOP Reading: 1.7 GPS Instrument Operator's Name: Harold Marshall

** If directional footage at Top of Prod. Zone Dist.: 860 feet. Direction: FNL Dist.: 725 feet. Direction: FWL
Sec: 24 Twp: 7S Rng: 96W

** If directional footage at Bottom Hole Dist.: 847 feet. Direction: FNL Dist.: 718 feet. Direction: FWL
Sec: 24 Twp: 7S Rng: 96W

Field Name: GRAND VALLEY Field Number: 31290

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 03/05/2014 Date TD: 03/08/2014 Date Casing Set or D&A: 03/09/2014

Rig Release Date: 05/12/2014 Per Rule 308A.b.

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 6375 TVD** 5720 Plug Back Total Depth MD 6323 TVD** 5668

Elevations GR 5088 KB 5112 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
Mud, Triple Comob, 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	16	84#	0	72	115	0	120	CALC
SURF	13+1/2	9+5/8	36#	0	1,040	290	0	1,046	CALC
1ST	8+3/4	4+1/2	11.6#	0	6,366	1,085	3,110	6,375	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	3,463				
CAMEO	5,702				
ROLLINS	6,161				

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 Nolte 44B-14 (API# 05-045-22297) and Nolte 14C-13 (API# 05-045-22300) 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: 4/30/2014 Email: cventuro@progressivepcs.net

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400730150	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400752407	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			
400588419	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400724071	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400752410	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400752416	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400752418	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400752419	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400752420	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>
Engineering Tech	Want 2nd opinion on TOC (may violate COA: TOC called at 3110, WMFK called at 3052); CBL in doc images	10/21/2014 3:23:06 PM
Permit	<p>Passes Permitting:GPS, TOC as per operator. CBL is 400708129.</p> <p>Operator is to supply by Sundry Notice the "as drilled" GPS when flowback operations on pad are complete. Operator is to supply TOC same way. Open hole logs were run on 045-22315 and 045-22297.</p> <p>CBL IS REQUESTED FOR THIS WELL. See 400708129 for CBL.</p> <p>Otherwise OK.</p>	6/19/2014 1:44:16 PM

Total: 2 comment(s)