

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:

400588760

Date Received:

04/30/2014

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: Shauna DeMattee  
Name of Operator: CAERUS PICEANCE LLC Phone: (720) 299-4495  
Address: 600 17TH STREET #1600N Fax:  
City: DENVER State: CO Zip: 80202

API Number 05-045-22297-00 County: GARFIELD  
Well Name: NOLTE Well Number: 44B-14  
Location: QtrQtr: SESE Section: 14 Township: 7S Range: 96W Meridian: 6  
Footage at surface: Distance: 774 feet Direction: FSL Distance: 367 feet Direction: FEL  
As Drilled Latitude: 39.432342 As Drilled Longitude: -108.069272

GPS Data:  
Date of Measurement: 09/12/2014 PDOP Reading: 2.0 GPS Instrument Operator's Name: Harold Marshall

\*\* If directional footage at Top of Prod. Zone Dist.: 960 feet Direction: FSL Dist.: 645 feet Direction: FEL  
Sec: 14 Twp: 7S Rng: 96W

\*\* If directional footage at Bottom Hole Dist.: 943 feet Direction: FSL Dist.: 696 feet Direction: FEL  
Sec: 14 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) 03/19/2014 Date TD: 03/21/2014 Date Casing Set or D&A: 03/22/2014  
Rig Release Date: Per Rule 308A.b.

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

Total Depth MD 5800 TVD\*\* 5780 Plug Back Total Depth MD 5728 TVD\*\* 5708

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

List Electric Logs Run:  
Mud Log, Triple Combo, pending 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	104	115	0	104	CALC
SURF	13+1/2	9+5/8	36#	0	1,019	290	0	1,040	CALC
1ST	8+3/4	4+1/2	11.6#	0	5,771	900	3,512	5,800	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	3,062				
CAMEO	5,107				
ROLLINS	5,552				

#### Operator Comments

All casing and cement information and formation tops are measured from KB. The As Drilled Plat, SHL lat/longs, TOC, and CBL will be submitted with the final completion report at a later date. Please note: Caerus has been granted a COGCC exception to Rule 317.o for wells on the Nolte 14-796 Pad. 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 subject completion report (Nolte 44B-14) and the Nolte SWD 1-14 (API # 05-045-22315) Form 5 Completion Reports.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Shauna DeMattee

Title: Permit Representative Date: 4/30/2014 Email: sdeattee@progressivepcs.net

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400588807	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400588775	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400588776	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b>Other Attachments</b>			
400588760	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400588777	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400588779	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400588783	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 11/5/14 dhs. GPS and TOC as per operator. CBL is doc 400708856. dhs 10/16/14. 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. CBL IS REQUESTED FOR THIS WELL. Requested again 7/31/14 dhs. CBL IS DOC 400708856. DHS 10/16/14.	6/19/2014 1:49:11 PM

Total: 1 comment(s)