

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:

400618984

Date Received:

06/04/2014

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 05-045-22307-00 County: GARFIELD
Well Name: NOLTE Well Number: 13C-13
Location: QtrQtr: SESE Section: 14 Township: 7S Range: 96W Meridian: 6
Footage at surface: Distance: 813 feet Direction: FSL Distance: 336 feet Direction: FEL
As Drilled Latitude: 39.432447 As Drilled Longitude: -108.069161

GPS Data:
Date of Measurement: 09/12/2014 PDOP Reading: 2.1 GPS Instrument Operator's Name: Harold Marshall

** If directional footage at Top of Prod. Zone Dist.: 1753 feet Direction: FSL Dist.: 642 feet Direction: FWL
Sec: 13 Twp: 7S Rng: 96W

** If directional footage at Bottom Hole Dist.: 1739 feet Direction: FSL Dist.: 641 feet Direction: FWL
Sec: 13 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) 05/09/2014 Date TD: 05/11/2014 Date Casing Set or D&A: 05/12/2014
Rig Release Date: Per Rule 308A.b.

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

Total Depth MD 6200 TVD** 5899 Plug Back Total Depth MD 6123 TVD** 5822

Elevations GR 5088 KB 5112 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	16	84	0	105	100	0	105	VISU
SURF	13+1/2	9+5/8	36	0	1,003	265	0	1,003	VISU
1ST	8+3/4	4+1/2	11.6	0	6,168	1,025	3,885	6,168	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	3,017				
CAMEO	5,240				
ROLLINS	5,670				

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 the final completion report 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: Shauna DeMattee

Title: Permit Representative Date: 6/4/2014 Email: sdeattee@progressivepcs.net

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400619293	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400619246	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"/>
400619249	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Other Attachments</u>			
400618984	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400619255	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400620514	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400620515	DIRECTIONAL DATA	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 -Ohio Creek called at 2989 on Mud Log (may violate COA).	10/21/2014 2:16:36 PM
Permit	RETURNED TO DRAFT AT OPERATOR'S REQUEST: 11/5/14 dhs. Operator has supplied TOC and GPS. dhs 10/16/14.	10/16/2014 2:06:23 PM
Permit	Pending: 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. Induction log was run on this well. Requested TOC and GPS for this well. 5/12/14. 9/2/14 dhs.	6/19/2014 11:07:41 AM

Total: 3 comment(s)