

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: 39.433800 As Drilled Longitude: -108.064242

GPS Data:  
Date of Measurement: 11/03/2014 PDOP Reading: 1.4 GPS Instrument Operator's Name: Harold Marshall

\*\* If directional footage at Top of Prod. Zone Dist.: 1202 feet Direction: FNL Dist.: 761 feet Direction: FWL  
Sec: 24 Twp: 7S Rng: 96W

\*\* If directional footage at Bottom Hole Dist.: 1228 feet Direction: FNL 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	VISU
SURF	13+1/2	9+5/8	36	0	976	265	0	976	VISU
1ST	8+3/4	4+1/2	11.6	0	6,615	1,080	1,204	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	3,651				
CAMEO	5,958				
ROLLINS	6,397				

Operator Comments

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 Island Ranch 23D-13 (API# 05-045-22393) and Island Ranch 24A-13 (API# 05-045-22398) 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: 9/23/2014 Email: cventuro@progressivepcs.net

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400742200	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400747422	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"/>
<b>Other Attachments</b>			
400666981	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400726751	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400747424	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400747433	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400747434	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400747436	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400747437	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date
#Error	Passes Permitting.	1/8/2015 2:05:48 PM
#Error	Return to Draft at request of operator.	11/7/2014 3:32:38 PM

Total: 2 comment(s)